FIFTY-SIXTH ANNUAL REPORT

OF THE

GENERAL BOARD OF COMMISSIONERS IN LUNACY FOR SCOTLAND.

Presented to Parliament by Command of His Majesty.



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CONTENTS OF THE REPORT.

PAGE

I.—NUMBER AND DISTRIBUTION OF THE INSANE AT 1ST JANUARY 1914.

Changes in Number and Distribution during 1913 . . . vii
Increase or Decrease of Pauper Lunatics in Counties. . . ib.
Changes from Pauper to Private Class, and *vice versa* . . viii

II.—STATISTICS OF ESTABLISHMENTS FOR LUNATICS.

Establishments for Lunatics ib.

Admissions to Establishments. ix
(1) *Direct under Sheriff's Order, Sanction of the Board, or other Statutory Authority* ib.
(2) *By Transfer* x
(3) *Voluntary* ib.

Discharges from Establishments xi
(1) *Recovered* ib.
(2) *Unrecovered* xiii

Deaths in Establishments xiv
Removals from Establishments on Probation xv
Distribution of Lunatics in Establishments xvii
Orders granted by Sheriffs during the Year ib.
Licences granted by the Board to Establishments . . . ib.
Results of Treatment in Establishments ib.
Causes of Death in each Establishment xviii
Changes among Attendants and Servants in Establishments . . ib.
Escapes from Establishments xix
Accidents in Establishments xx
Progressive History of Patients First Admitted to Establishments in 1898 xxi

III.—PRESENT CONDITION OF ESTABLISHMENTS.

Different Classes of Establishments xxii

(a) *Royal and District Asylums—*

Condition of Aberdeen Royal Asylum xxiii
.. Aberdeen City District Asylum . . . ib.
.. Argyll and Bute District Asylum . . . xxiv
.. Ayr District Asylum xxv
.. Banff District Asylum ib.
.. Crichton Royal Institution, Dumfries . . xxvi
.. Dundee Royal Asylum ib.
.. Dundee District Asylum xxvii
.. Edinburgh Royal Asylum ib.
.. Edinburgh District Asylum. . . . xxviii
.. Elgin District Asylum xxix
.. Fife and Kinross District Asylum . . . ib.
.. Glasgow Royal Asylum xxx

PAGE

Condition of Glasgow District Asylum, Gartloch . . xxx
.. Glasgow District Asylum, Woodilee . . xxxi
.. Govan District Asylum xxxii
.. Haddington District Asylum . . . ib.
.. Inverness District Asylum . . . xxxiii
.. Kirklands Asylum ib.
.. Lanark District Asylum xxxiv
.. Midlothian and Peebles District Asylum . . ib.
.. Montrose Royal Asylum ib.
.. Paisley District Asylum xxxv
.. Murray's Royal Asylum, Perth . . . ib.
.. Perth District Asylum ib.
.. Renfrew District Asylum . . . ib.
.. Roxburgh District Asylum . . . xxxvi
.. Stirling District Asylum ib.

(b) *Private Asylums*—

Condition of Balgreen Asylum xxxvii
.. New Saughton Hall Asylum . . . ib.
.. Westermains Asylum ib.

(c) *Parochial Asylums*—

Condition of Greenock Parochial Asylum . . . ib.

(d) *Lunatic Wards of Poorhouses*—

Condition of Buchan Poorhouse xxxviii
.. Cuninghame Poorhouse xxxix
.. Dumbarton Poorhouse ib.
.. Dundee East Poorhouse ib.
.. Govan Poorhouse ib.
.. Inveresk Poorhouse xl
.. Kincardine Poorhouse ib.
.. Lewis Poorhouse ib.
.. Linlithgow Poorhouse ib.
.. Long Island Combination Poorhouse . . xli
.. Old Monkland Poorhouse ib.
.. Paisley Poorhouse ib.
.. Perth Poorhouse ib.
.. Wigtown Poorhouse xlii

(e) *Training Schools for Imbecile Children*—

Condition of Baldovan Institution ib.
.. Larbert Institution xliii

(f) *Establishment for State and Criminal Lunatics*—

Condition of the Criminal Lunatic Department of H.M. Prison at Perth xliv

IV.—LUNATICS IN PRIVATE DWELLINGS.

All Pauper Lunatics but not all Private Lunatics in Private Dwellings are under Jurisdiction of Board . . . xlv
Number of Private Lunatics in Private Dwellings . . . xlvi
Number of Pauper Lunatics in Private Dwellings . . . ib.
Private Dwellings licensed for the Reception of two or more Lunatics xlvii
General Reports on Visitation of Patients xlviii

V.—POSITION OF DISTRICTS.

List of Districts and of the Counties which form them, and Remarks on their Position 1

VI.—WANT OF ACCOMMODATION FOR THE POORER CLASS OF PRIVATE PATIENTS lii

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PAGE

VII.—COST OF DISTRICT ASYLUMS.

Causes of difficulty in arriving at the true Cost of Asylums . . . liv
Cost of Asylums best measured by Assessments in payment of them lvi
Estimated Cost as shown by Assessments ib
Providing and Maintenance Rates lxi

VIII.—EXPENDITURE FOR PAUPER LUNATICS.

Expenditure by Parish Councils lxiii
Expenditure per head lxiv
Cost of Land and Buildings only slightly represented in the Expenditure Table ib.
Repayments by Relatives lxv
Contributions from State Funds ib
Daily Cost of Maintenance in Establishments . . . lxvi
Daily Cost of each Mode of Provision for Pauper Lunatics . . ib.
Rates of Board in Establishments ib.
Expenditure in connection with District Asylums :—
Cost of Providing District Asylum Accommodation . . lxvii
Cost of Maintenance of Patients in District Asylums . . ib.
Expenditure on Maintenance of Patients in District Asylums during past ten years lxviii
Quantities and Values of Articles consumed in District Asylums lxix
Quantities and Values of Articles supplied by Farms and Gardens of District Asylums ib.
Farm and Garden Accounts of District Asylums . . ib.

IX.—DANGEROUS LUNATICS ib.

X.—ALIEN LUNATICS lxx

XI.—LUNATICS UNDER JUDICIAL FACTORS . . . ib.

XII.—REVIEW OF LUNACY ADMINISTRATION SINCE 1857 lxxii

XIII.—SUMMARY OF THE MAIN PROVISIONS OF THE LUNACY AMENDMENT PORTION OF THE MENTAL DEFICIENCY AND LUNACY (SCOTLAND) ACT, 1913 . civ

Appointments under the provisions of the Mental Deficiency and Lunacy (Scotland) Act, 1913 cvi

APPENDICES.

CONTENTS OF APPENDICES cvii

APPENDIX A.—Statistical Tables 1

APPENDIX B.—Entries made by the Visiting Commissioners in the Patients' Books of Asylums and Poorhouses in 1913 . . 70

APPENDIX C.—General Reports on Visitation of Patients in Private Dwellings :—
By Dr. Charles Macpherson 141
By Dr. R. Cunyngham Brown 145

FIFTY-SIXTH ANNUAL REPORT.

TO THE RIGHT HONOURABLE

THOMAS McKINNON WOOD, M.P.,

His Majesty's Secretary for Scotland.

GENERAL BOARD OF COMMISSIONERS IN LUNACY FOR SCOTLAND, EDINBURGH.

February 1914.

SIR,

We have the honour to lay before you our Fifty-Sixth Annual Report on the Condition and Management of Lunatics and Lunatic Asylums in Scotland.

I. NUMBER AND DISTRIBUTION OF THE INSANE AT 1ST JANUARY 1914.

On 1st January of the present year, exclusive of insane persons maintained at home by their natural guardians, there were in Scotland 19,346 insane persons, of whom we had official cognisance, including the inmates of Training Schools for Imbecile Children and of the Criminal Lunatic Department of Perth Prison. Of these, 2624 were maintained from private sources, 16,660 by parochial rates, and 62 at the expense of the State. As the total number at 1st January 1913 was 19,188, an increase has taken place during the past year of 158.

The following table shows the number and distribution of the insane of each sex in the different classes of establishments and in private dwellings at 1st January 1914, distinguishing between private and pauper patients :—

Number of Lunatics at 1st January 1914.

Mode of Distribution.	Male.	Female.	Total.	Private.			Pauper.		
				M.	F.	T.	M.	F.	T.
In Royal Asylums	1,774	2,006	3,780	882	1,082	1,964	892	924	1,816
„ District Asylums	5,553	5,253	10,806	128	191	319	5,425	5,062	10,487
„ Private Asylums	29	42	71	29	42	71	..	..	..
„ Parochial Asylums, *i.e.* Lunatic Wards of Poorhouses with unrestricted Licenses *	126	100	226	..	..	..	126	100	226
„ Lunatic Wards of Poorhouses with restricted Licenses . . .	441	415	856	..	..	..	441	415	856
„ Private Dwellings	1,289	1,654	2,943	35	75	110	1,254	1,579	2,833
	9,212	9,470	18,682	1,074	1,390	2,464	8,138	8,080	16,218
„ Criminal Lunatic Department of Perth Prison	56	6	62	..	..	..	..	..	..
„ Training Schools	375	227	602	93	67	160	282	160	442
Totals.	9,643	9,703	19,346	1,167	1,457	2,624	8,420	8,240	16,660

* Greenock Parochial Asylum is now the only Asylum of this class.

The following differences appear in the manner of distribution of *registered* * lunatics at 1st January 1914, when compared with what it was at 1st January 1913 :—

In Royal Asylums there is an increase of 33 private patients and an increase of 26 pauper patients.

In District Asylums there is an increase of 7 private patients and an increase of 140 pauper patients.

In Private Asylums there is a decrease of 11 in the number of private patients.

In the Parochial Asylum of Greenock there is a decrease of 2 patients.

In Lunatic Wards of Poorhouses there is an increase of 15 pauper patients.

In Private Dwellings there is a decrease of 2 private patients and a decrease of 76 pauper patients.

The general results during 1913, as compared with 1912, are, in regard to *registered* lunatics, as follows :—(1) There was a total increase of 130, due to an increase of private patients by 27, and an increase of pauper patients by 103. (2) The total increase of 130 arose from an increase of the number in establishments by 208, and by a decrease of the number in private dwellings by 78. (3) The increased number of 208 in establishments arose from an increase of 29 private patients and an increase of 179 pauper patients. Of pauper patients in establishments, the average annual increase during the preceding five years was 199, so that the increase of 179 during the year 1913 has been less than the average annual increase of that quinquenniad.

In the number of non-registered lunatics the following changes occurred during 1913 :—

In the Criminal Lunatic Department of Perth Prison the number is 6 more than last year.

In Training Schools for Imbecile Children the number is 22 more than last year.

Increase or Decrease of Pauper Lunatics in Counties.

In the past year decreases, amounting in all to 134, have occurred in 14 counties, or urban areas, while increases, amounting in all to 204, have taken place in 20 counties, or urban areas.

The County of Dumbarton, which showed an increase last year of 17, shows a decrease this year of 42; the County of Fife, which showed an increase last year of 11, shows a decrease this year of 25; while Glasgow City and Govan Districts, which showed an increase last year of 77, shows a decrease this year of 19. Lanark County shows an increase of 41, Renfrew of 22, and Aberdeen City District of 21.

It should, however, be borne in mind that these increases are not necessarily due to a larger number of patients being sent to asylums. They may equally arise through accumulation, whenever a falling off occurs in the number discharged.

* The inmates of Training Schools for Imbeciles and of the Criminal Lunatic Department of Perth Prison are recorded in separate books, and, not being on the Board's General Register of Lunatics, are not included in this statement.

Changes from the Pauper to the Private Class, and *vice versa*.

It must be kept in view, in connection with the statistical Tables giving the number of lunatics classified into private and pauper patients, that each patient does not necessarily continue till his discharge in the class to which he belonged on being placed on the Board's register. The results shown depend partly on the number of persons who, while continuing on the Board's register, cease to be private patients and become paupers, and *vice versa*. The following tabular statement shows the average number of pauper patients who have become private patients, and of private patients who have become pauper patients, for the quinquenniads 1885–89 to 1905-09, and the numbers for the years 1910, 1911, 1912 and 1913 :—

Years.	Number of Registered Patients transferred from Pauper to Private Class.	Number of Registered Patients transferred from Private to Pauper Class.
1885–89	23	42
1890–94	22	41
1895–99 Average Numbers	32	45
1900–04	28	48
1905–09	36	56
1910	25	51
1911	38	45
1912	35	48
1913	35	52

The numbers transferred during the past year from the pauper to the private class are, it will be observed, about the average of preceding years, but there is a slight increase in the number transferred from the private to the pauper class. Insane prisoners admitted to ordinary asylums while undergoing sentence are maintained at the cost of the State, and are hence regarded as "private" patients until their transfer to the pauper class, which takes place on expiry of sentence. An increase in the number of these admissions in late years accounts, at least in part, for the rise in the number transferred from the private to the pauper class.

II. STATISTICS OF ESTABLISHMENTS FOR LUNATICS.

Under the term Establishments, as used in this Report, we include Royal, District, Private, and Parochial Asylums, Lunatic Wards of Poorhouses, Training Schools for Imbecile Children, and the Criminal Lunatic Department of Perth Prison. But it is necessary to point out that the Tables in the Appendix take no account of figures referring either to the Training Schools or to the Perth Prison except where the contrary is specially stated.

ADMISSIONS TO ESTABLISHMENTS.

(1) *Admissions directly under a Sheriff's Order, the Sanction of the Board, or other Statutory Authority.*

In arriving at the number of persons admitted to establishments who thereby add to the gross number of asylum patients, the number of admissions which refer to a mere transfer from one establishment to another must be deducted.

Table VII therefore shows the number of admissions for each year, after deducting transfers.

(*a*) The total number of patients admitted to establishments during 1913 was 3682, which is 213 more than in the previous year, 121 more than in 1911, and 233 more than the average for the quinquenniad 1905–09. This is the highest number of patients admitted in a single year into establishments for the insane in Scotland. The next highest numbers were in the years 1902, 1903, 1904, and 1907, with 3661, 3627, 3654, and 3618 admissions respectively. After 1907 the numbers fell in the next two years to 3249 in 1909, which was the lowest number placed on the register in any year since 1896. With the exception, however, of the year 1912, which shows a decrease, the numbers have steadily risen to 3682 in the present year, which, as already stated, is the highest number of admissions since the institution of the Board. The following Tabular Statement shows in quinquennial periods the admission rate since the year 1900 :—

Years.	Admissions excluding Transfers.	Proportion per 100,000 of the Population.
1900–04	3,577	80·0
1905–09	3,449	74·7
1910	3,312	69·9
1911	3,561	75·0
1912	3,469	73·2
1913	3,682	77·8

The highest proportion admitted per 100,000 of the normal population was 81·2 in the year 1902, though nearly as high a proportion was attained in 1898; in 1903 and 1904 it remained practically at 80·0; in 1906 it fell to 73·4, and rose in 1907 to 77·8, but fell in the following two years to 69·0 in 1909, which is the lowest proportion recorded since 1890.

(*b*) The number of private patients admitted last year was 580, which is 28 more than in the preceding year, and 21 more than the average for the quinquenniad 1905–09. The pauper patients admitted to establishments numbered 3102, which is 185 more than in the preceding year, and 212 more than the average for the quinquenniad 1905–09.

(*c*) The following Table shows in quinquennial periods the number of

patients who had never previously been registered, and who were admitted for the first time to establishments for the insane in Scotland :—

Years.	Private.	Pauper.	Proportion per 100,000.	
			Private.	Pauper.
1900–04 . . .	464	2,187	10·4	48·9
1905–09 . . .	454	2,111	9·9	45·7
1910 . . .	401	2,112	8·4	44·6
1911 . . .	410	2,283	8·6	48·1
1912 . . .	436	2,157	9·2	45·5
1913 . . .	456	2,350	9·6	49·6

The number of private patients admitted for the first time is 20 more than in the preceding year, and 2 above the average for the quinquenniad 1905–09. The number of pauper patients who had never previously been registered is 193 more than in 1912 and 239 above the average for the quinquenniad 1905–09.

On the whole, with marked oscillations, there has been a general tendency to an increase in the proportion of all first admissions to the population from the year 1885 to the year 1902, where it remained stationary until 1904, after which there was a decline, until in 1909 the lowest recorded proportion (51·5) since 1891 was reached.

(2) *Admissions by Transfer.*

It will be seen from Table VI that the number of patients transferred from one establishment to another during 1913 was 371, which is 45 less than the number transferred during the preceding year, and 162 less than the average for the five years 1905–09. The number of pauper patients transferred was, as it always is, larger in proportion to the total admissions than the number of private patients transferred. This is due to the fact that private patients are usually placed at once in the asylums in which it is intended they should stay during their whole term of asylum residence ; while pauper patients are frequently placed, in the first instance, in the asylums of the districts in which they are resident, and are afterwards removed to the asylums of the districts to which they are chargeable. The transfers were authorised in 30 instances by Sheriffs, and in 341 by the Board.

(3) *Admission of Voluntary Patients.*

Voluntary patients are persons who, with the sanction of the Board, granted on a simple application signed by the patient, voluntarily enter asylums for treatment of mental disorder, but whose mental condition is not such as to render it legal to grant certificates

of insanity in their case. They cannot be detained for more than three days after giving notice of their intention or desire to leave. They are not registered as lunatics, but a record is made of their names and other particulars regarding them. The whole number of such persons admitted into asylums in 1913 was 112. The average number admitted for the ten years 1904–13 was 104. The number resident at 1st January 1914 was 148.

We have for many years been able to state that nothing has occurred to indicate any difficulty or disadvantage traceable to the presence of this class of patients in asylums; and we continue to be of opinion that it is a useful provision of the law which permits persons who desire to place themselves under care in an asylum to do so in a way which is not attended with troublesome or disagreeable formalities.

Simple, however, as the process at present is, a certain amount of time must necessarily elapse before application can be lodged and sanction issued. The delay involved is short, but it has on more than one occasion had serious consequences. The Mental Deficiency and Lunacy (Scotland) Act, 1913, however, which comes into operation on 15th May 1914, permits of a person being received into and kept in an asylum for three days on his own written application to the Superintendent, provided the sanction of the Board be at once applied for in the usual way on admission, and that no voluntary boarder be retained for any longer period than three days without such sanction.

At the visits of the Medical Commissioners to asylums all voluntary inmates are seen, and they have then an opportunity of making statements in regard to their position, should they desire to make any. When there is reason to suppose that they in any way fail to understand the conditions of their residence, these conditions are explained to them.

DISCHARGES FROM ESTABLISHMENTS.

The remark we made, when speaking of the admissions to establishments, in regard to the necessity for the exclusion of such admissions as were merely transfers from one establishment to another, is applicable also to the discharges from establishments. The general statistics of the discharges for each year, after deducting transfers, are given in Table VIII (Appendix A).

(1) *Discharges of the Recovered.*

It will be seen from Table VIII of Appendix A that there were 222 private patients discharged recovered during 1913, which is 24 more than the number in the preceding year, and 7 below the average for the five years 1905–09. The number of pauper patients discharged recovered was 1199, which is 109 more than in the preceding year, and 48 more than the average for the five years 1905–09. The following tabular statement shows the rate of discharge recovered from all establishments during the past fourteen years, among private and

pauper patients respectively, the figures being derived from those given in Tables VII and VIII of the Appendix :—

Average of 5 Years.	Recoveries per cent. of Admissions, excluding Transfers.	
	Private.	Pauper.
1900–04	44·3	42·9
1905–09	41·0	39·8
Year 1910	42·5	36·7
„ 1911	39·0	38·4
„ 1912	35·9	37·4
„ 1913	38·3	38·7

It will be observed that the proportion of recoveries among private patients has varied from one year to another with marked falling off in the year 1912. During the year 1913, however, the proportion has again risen. Among pauper patients a decrease is recorded in 1905–09, and in succeeding years a tendency towards a still further decrease appears to be in force. The number of pauper patients discharged recovered last year was, in proportion to the number admitted, 4·2 per cent. less than the annual number so discharged during the years 1900–04. The recovery rates have, no doubt, in recent years been unfavourably affected by the increased use of Observation Wards connected with the parochial hospitals of several large parishes, which receive persons suffering from passing attacks of mental disorder, of whom some, in the absence of such wards, would have been removed to asylums, and would have been discharged recovered shortly after admission. But the lowering of the rate is probably to be mainly ascribed to the accumulation of chronic patients and to the fact that the development of nursing and the improved means of hospital care in asylums have led to their being more freely used for the reception of patients whose age and whose mental and physical condition are such as to preclude hope of recovery. Persons in moribund states, or suffering from incurable physical diseases, complicated with mental unsoundness or decay, are now sent to asylum hospitals instead of being sent to ordinary infirmaries or of being kept at home until death takes place, and returns obtained by us, the results of which are discussed at pages l–lxiv of our Fiftieth Report, prove conclusively that of late years the number of persons admitted at ages so advanced as to render recovery almost impossible has largely increased.

Table IX (Appendix A) shows the proportion of recoveries per cent. of the numbers admitted into each class of establishment, but it would be necessary to distinguish between private and pauper patients, and also to take into account the nature of the cases received into each class of establishment, and even into each individual institution, before the figures relating to each class of establishment can be accurately appreciated, as erroneous inferences might be otherwise drawn from them.

(2) *Discharges of the Unrecovered.*

The number of private patients discharged unrecovered, excluding transfers, during 1913, was, as shown in Table VIII (Appendix A), 144, which is 8 more than last year, and 7 above the average of the five years 1905–09. The number of pauper patients discharged unrecovered was 393, which is the same as the number so discharged in the preceding year, and 17 less than the average for the five years 1905–09.

The following tabular statement shows the rate of discharge unrecovered from all establishments during the past fourteen years among private and pauper patients respectively, the figures being derived from those given in Tables I and VIII of the Appendix :—

Average of 5 Years.	Discharges Unrecovered, excluding Transfers, per 100 of average number resident.	
	Private.	Pauper.
1900–04	5·9	3·7
1905–09	6·0	3·4
Year 1910	4·9	2·9
„ 1911	6·0	3·0
„ 1912	5·8	3·0
„ 1913	6·2	3·0

The proportion of patients discharged unrecovered to the average number resident has fallen during the twenty-six years ended 1910, though in succeeding years a slight increase has taken place. We give at pages lix–lxi of our 55th Annual Report a discussion of the results shown in a Table giving the average number of pauper patients discharged unrecovered (excluding transfers) from each establishment in Scotland during the ten years 1902–11.

The following tabular statement shows the different modes in which the discharge of unrecovered patients took place during the year 1913, and it will be seen from the figures contained in it that of the 393 pauper patients discharged unrecovered, 129, or 33 per cent., continued after discharge to be provided for as pauper lunatics in private dwellings, while 264, or 67 per cent., were removed from the poor-roll on discharge, and ceased to be under the Board's cognisance :—

Modes of Discharge.	Number of Patients removed Unrecovered from Asylums during 1913.			
	Private.	Pauper.		Total.
		Remained Pauper Lunatics.	Removed from Poor Roll or from Board's Jurisdiction.	
By Friends	117	...	...	117
,, Minute of Parish Council	...	110	205	315
,, Escape or Absence over 28 days	...	...	15	15
,, Expiry of Liberation on Probation	10	18	8	36
,, Expiry of Emergency Certificate	3	...	...	3
,, Order of Sheriff under Sec. 92 of 20 & 21 Vict. c. 71	...	...	...	...
,, Expiry of Interim Order under Sec. 15 of 25 & 26 Vict. c. 54	...	...	...	...
,, Warrant of Sheriff, and sent to England, Ireland, and other countries	1	...	34	35
,, Order of Court to undergo Trial	...	...	1	1
,, Withdrawal of Sheriff's Order	...	...	...	...
,, Being placed in Perth Prison as a King's Pleasure Lunatic	...	...	..	...
,, Transference to Training Schools for Imbecile Children	...	1	...	1
,, Authority of Medical Officer under Sec. 17 of 25 & 26 Vict. c. 54	...	...	...	...
,, Expiry of Warrant granted under Sec. 6 of 34 & 35 Vict. c. 55	13	..	...	13
,, Defective admission papers	...	...	...	...
,, Order of Secretary of State for War	...	...	...	...
,, Expiry of Sheriff's Order in accordance with Sec. 7 of 29 & 30 Vict. c. 51	...	...	...	...
,, Expulsion Order under Aliens Act of 1905.	...	...	...	...
,, Order of Sheriff under Sec. 19 of 29 and 30 Vict. c. 51	...	...	1	1
Totals	144	129	264	537

Deaths in Establishments.

The number of private patients who died in establishments during 1913 is shown by Table VIII of Appendix A to have been 196, which is 32 less than in 1912, and 5 more than the average of the five years 1905–09. The number of pauper patients who died was 1320, which is 25 more than in 1912, and 164 above the average of the five years 1905–09.

The following statement, founded upon the figures in Table VIII of Appendix A, shows the death-rate for private and pauper patients in establishments per cent. of the average number resident for the quinquenniads 1900–04 and 1905–09, and for the years 1910, 1911, 1912, and 1913 :—

[Table

Classes of Patients.	Proportion of Deaths per cent. of Number Resident in all Establishments.					
	1900–04.	1905–09.	1910.	1911.	1912.	1913.
Private Patients	7·9	8·4	7·1	6·3	9·8	8·4
Pauper Patients	9·2	9·5	9·3	9·1	9·9	9·9
Both Classes	9·0	9·3	9·0	8·7	9·8	9·7

The death-rate for the past two years, it will be seen, is higher than it was in previous years, the higher rate of mortality as compared with earlier periods being no doubt due to causes similar to those which have lowered the rate of recovery.

The rate of mortality per cent. of the number resident in different classes of establishments for the quinquenniads 1900–04 and 1905–09, and for the years 1910, 1911, 1912, and 1913, is shown in the following statement founded upon the figures in Table IX of Appendix A :—

Classes of Establishments.	Proportion of Deaths per cent. of Number Resident.					
	1900–04.	1905–09.	1910.	1911.	1912.	1913.
Royal and District Asylums . .	9·3	9·7	9·3	9·0	10·1	10·5
Private Asylums	7·6	6·7	4·5	4·6	10·8	7·8
Parochial Asylums . . .	10·6	9·7	8·2	12·3	9·7	8·8
Lunatic Wards of Poorhouses .	4·8	4·5	4·8	3·8	6·1	5·5

The great bulk of the worst class of cases, whether private or pauper, are sent to asylums of a public description, which no doubt accounts for the higher death-rates in these institutions during most of the periods given. The low death-rate in the Lunatic Wards of Poorhouses is due to the fact that their inmates are of a selected class, and that grave physical infirmity has hitherto been regarded as a bar to their admission.

Table X of Appendix A gives for each sex the number of specified causes recorded in the case of all deaths in all establishments for each year from 1903 to 1913 ; and Table XXII gives similar facts in each establishment during the year 1913.

Removals from Establishments on Statutory Probation.

At 1st January 1913, 70 patients were absent from asylums on probation, with the sanction of the Board. Of these, 34 have been finally discharged as recovered, 10 were sent back, 24 remained, on the expiry of the period, under the care of friends, and 2 died. In the course of 1913, 141 patients were discharged on probation. Of these, 29 have been finally discharged as recovered, 12, whose period of probation has expired, remain under the care of friends, and 21 have been returned to asylums. The number still on probation at the close of the year was 79.

The following statement shows the average number of patients liberated on probation in the two periods of ten years from 1893 to 1912, and the number so liberated during the year 1913 :—

Year.	Number of Patients Liberated on Probation.
1893–1902 } Average Numbers {	139
1903–12 }	144
1913	141

Of the 6666 patients liberated on probation since 1862, 1485, or 22 per cent., were replaced, before the expiry of the period of probation, in the asylums from which they had been removed.

The numbers liberated on probation from the different establishments in 1913 are shown in the following statements :—

Aberdeen Royal Asylum . .	9	Perth District Asylum . .	1
Aberdeen District Asylum . .	0	Renfrew District Asylum . .	0
Argyll District Asylum . .	0	Roxburgh District Asylum . .	21
Ayr District Asylum . . .	0	Stirling District Asylum . .	25
Banff District Asylum . .	0	Balgreen Private Asylum . .	0
Crichton Royal Institution . .	11	New Saughtonhall Private Asylum	3
Dundee Royal Asylum . .	1	Westermains Private Asylum .	0
Dundee District Asylum . .	0	Greenock Parochial Asylum .	0
Edinburgh Royal Asylum . .	17	Buchan Poorhouse . . .	0
Edinburgh District Asylum .	0	Cuninghame Poorhouse . .	1
Elgin District Asylum . .	0	Dumbarton Poorhouse . .	0
Fife District Asylum . . .	0	Dundee East Poorhouse . .	0
Glasgow Royal Asylum . .	5	Govan Poorhouse . . .	0
Glasgow District Asylum (Gartloch)	1	Inveresk Poorhouse . . .	0
„ „ „ (Woodilee)	0	Kincardine Poorhouse . .	0
Govan District Asylum . .	0	Lewis Poorhouse . . .	0
Haddington District Asylum .	1	Linlithgow Poorhouse . .	0
Inverness District Asylum . .	39	Long Island Poorhouse . .	0
Kirklands Asylum . . .	1	Old Monkland Poorhouse . .	0
Lanark District Asylum . .	0	Paisley Poorhouse . . .	0
Midlothian District Asylum .	4	Perth Poorhouse	0
Montrose Royal Asylum . .	0	Wigtown Poorhouse . . .	0
Murray's Royal Asylum . .	1		
Paisley District Asylum . .	0	Total	141

In the numbers above given, patients liberated on trial for periods not exceeding twenty-eight days are not included. Such trials can be made without the sanction of the Board, and they are frequently made use of by some Superintendents. The statutory removal on probation is not granted by the Board for a period exceeding one year, and its special use is to permit of the conditional liberation of patients whose fitness for permanent discharge cannot be determined without trial for a longer period than twenty-eight days. It is frequently found that patients who appear while in the asylum to have improved so much that they are fit for private care become unsettled when the influences of the asylum are removed. It is not, however, justifiable to retain permanently in the asylum all patients in whose cases a possibility of such unsettlement is thought to exist. The large majority of patients liberated on probation undergo no deterioration, and many are benefited by the change. By liberating patients on probation there is an opportunity given for testing their fitness for permanent

discharge, and they can be replaced in the asylum without the expense attending a Sheriff's order, if they prove unfit. A more frequent use of removal on probation in some establishments would probably lead to a larger number of permanent discharges than takes place at present.

The number of liberations on probation from any particular asylum cannot, however, in all cases be taken as showing the frequency with which trial is made in it of the fitness of unrecovered patients for residence in private dwellings. In some asylums from which few or no discharges on statutory probation take place the removal of unrecovered patients is freely resorted to either by severing their connection with the asylum at once or after the trial of twenty-eight days, which, as already explained, may take place by permission of the Superintendent, and without the authority of the Board.

List of Establishments and Number of Lunatics in each.

Table XV (Appendix A) shows the number of private and pauper lunatics in each Royal, District, Private, and Parochial Asylum and Licensed Poorhouse on 1st January 1914, with the locality of each institution, and the name of its Superintendent, as required by the Act. With few exceptions, the pauper lunatics of Scotland are disposed of either in asylums erected for them by the Boards of the lunacy districts to which they belong, or in asylums with which such Boards have made contracts.

Sheriffs' Orders.

Table XIX (Appendix A) gives the statutory return exhibiting the number of orders granted by Sheriffs for the admission of lunatics into any Public, Private, District, or Parochial Asylum, or House, stating the Asylum or House to which such order referred, during the year ended 31st December 1913. The number of orders granted during the year was 3628.

Licences Granted by the Board for Establishments.

Table XX (Appendix A) gives the statutory return exhibiting the number of licences granted by us for the continuance or establishment of charitable institutions, private asylums, and lunatic wards of poorhouses, and the transfer of any licence from one establishment to another, during the year ended 31st December 1913. The number of licences amounted to 20, and they were granted for the renewal of the licences of 2 charitable institutions, 3 private asylums, and 15 wards or portions of poorhouses set apart for lunatics.

Results of Treatment and Causes of Death in each Establishment.

In the several sections of Table XXI (Appendix A) we give the average number resident, the number admitted, and the results of treatment for each establishment. We have already alluded to the

general results which these Tables exhibit when commenting on Tables VII, VIII, and IX.

Table XXII (Appendix A), which gives a classification of all contributing causes of death of patients who died in establishments, has already been referred to.

Changes among Attendants and Servants in each Establishment.

The whole number of attendants and servants who left, were dismissed, or died, during 1913, was 1427, which is 115 more than the number for the previous year. The number who resigned their situations voluntarily is 1152, which is 86 more than last year.

In addition to the 1152 who resigned voluntarily, 49 left on account of ill-health, 13 died during their term of service, 54 left without notice, 38 were dismissed for incompetence or unsuitability, 4 on account of services not being longer required, and 117 for misconduct.

We recommend that the administrators of institutions in which changes among attendants occur frequently should inquire carefully into the causes. Our experience tends to show that in the case of men a high class of attendant and security for permanent service are best obtained by increasing the number of married attendants. We therefore recommend, in all cases in which it has not already been done, that comfortable cottages for married attendants should be provided; but wherever such accommodation can be easily had in the immediate neighbourhood of the asylum, good reasons have been urged for the opinion that the contentment of such of the staff as do not necessarily require to sleep in the asylum is better secured in this way than in any other.

It is proper to observe, however, in reference to the figures given above, that we have ascertained that the great bulk of the changes occurs in the case of attendants and servants who have only been a short time in asylum service. As the number of attendants and servants who resigned voluntarily constitutes 81 per cent. of the whole number of changes during the last year, it may be inferred that, although the inducements to enter asylum service are not pecuniarily unattractive to those who seek employment, a large number find the service on trial not to be congenial. This may be due in part to the trying nature of the service, and possibly still more to the general want of freedom inseparable from the discipline of a large institution, which causes a preference to be given to employments, perhaps less well paid, in which the workers' time, after certain hours, is wholly at their own disposal. The Asylums Officers' Superannuation Act, 1909, entitles officers and servants of District Asylums, who have complied with the conditions laid down, to receive pensions on retirement from long service. This Act, which is on a contributory basis, will, it is hoped, have ultimately the effect of making service in asylums more sought after as a life's work, and of counteracting inducements to quit it for other employments.

It should be borne in mind that the figures given above include many persons who are not engaged in the special duty of attending on the insane, such as artisans of all kinds, farm-workers, hall-maids, laundrymaids, &c.

We register the name of every attendant and servant dismissed from an asylum for misconduct, and when any name so registered reappears among the notices of engagement transmitted to us, we intimate the facts to the superintendent by whom the engagement has been made, with a view to his ascertaining whether the engaged person is identical with the one dismissed. In this way it frequently happens that the fact of dismissal from another asylum, which has been concealed on re-engagement, is detected. When the fault concealed has been serious, dismissal for a second time follows, but when it has not been of a grave nature, and the person's character has otherwise been good, another chance is usually given. We have no doubt that attendants and servants dismissed from asylums would much more frequently engage in the service of other asylums if it were not generally known among them that the facts as to dismissal will be communicated by the Board to any asylum in Scotland in which they re-engage.

Escapes from Establishments.

The whole number of escapes during 1913 was 132. Of these, 65 were brought back within twenty-four hours, 31 within a week, and 14 after a week. There were 22 still absent on the expiry of twenty-eight days from the date of escape. Of the 22 patients not brought back, 6 were removed from the asylum registers as recovered, 6 as relieved, 9 as not improved, and 1 died.

The following statement shows the number of escapes that have taken place during each of the ten years from 1904 to 1913 :—

Years.	Number of Escapes.	Not brought back.		Number of Escapes per 1000 of Patients in Establishments.
		Removed from Register as Unrecovered.	Removed from Register as Recovered.	
1904 . .	171	20	3	12
1905 . .	154	14	5	11
1906 . .	157	20	8	11
1907 . .	168	22	5	12
1908 . .	162	11	5	11
1909 . .	145	14	5	9
1910 . .	150	10	4	10
1911 . .	163	22	8	11
1912 . .	143	17	5	9
1913 . .	132	15	6	8
Totals .	1545	165	54	...

It appears from this statement that the number of escapes during 1913 per 1000 patients was lower than the average shown during the previous ten years. Very few of the patients not brought back before the expiry of the twenty-eight days during which the law permits of their being received into the asylum without new certificates and new Sheriff's order are permanently lost sight of, and many are

ultimately replaced in asylums. Those discharged recovered were as a rule convalescent patients whose discharge was in contemplation at the time of escape.

Accidents to Patients in Establishments.

The whole number of accidents reported to us as having taken place during the year 1913 was 176. This shows an increase of 21 compared with the total number recorded for 1912. There were 11 cases which ended fatally, 6 of these being due to suicide. Of the deaths by suicide 3 were caused by drowning, 1 while the patient was out on pass, 1 a voluntary patient who left the asylum without leave and unnoticed, and 1 who while out walking escaped from the attendant and drowned himself in the canal at Inverness. Of the other 3 deaths by suicide, 1 died eight hours after admission to the asylum of a self-inflicted wound of the throat committed on the previous day; 1 by hanging through suspending himself to the window shutter by means of the corded girdle of his dressing-gown; and 1 patient hurled himself through a window sustaining such severe injuries that he died several days afterwards. Of the 6 accidental deaths not attributable to suicide, 2 were due to choking; 1 was accompanied by cardiac syncope, and 1 to asphyxia caused by the patient drinking the contents of a bowl of methylated spirits and carbolic lotion in the temporary absence of the charge nurse. The nurse was subsequently dismissed. One was caused through poisoning by swallowing a mixture of beeswax and turpentine, and 1 through exposure. In the latter case the patient eluded the vigilance of his attendant and escaped. Notwithstanding a most careful search no trace of him could be found, until 19 days afterwards, when the body was discovered by some workmen in a wood. Death is believed to have taken place 6 days previously.

There were 3 cases of attempted suicide, 1 by drowning, 1 by hanging, and 1 by injuries to the head inflicted by a hammer. In 56 further cases the accidents involved fracture of bones or dislocation of joints, and in 78 cases injuries to the head. These were occasioned in 85 cases by falls, in 49 cases by assaults of fellow-patients, or by struggling with fellow-patients or attendants, or were self-inflicted, and in 28 cases through various causes such as supposed falls, coming into sharp contact with furniture, or in ways not ascertained. Of the latter 19 were reported as severe and 9 as slight.

There were also reported during the course of the year 7 accidents to attendants in establishments; of these 6 were of a minor character, but the seventh had reference to the suicide of a charge nurse who, while suffering from depression, drowned herelf in a reservoir. This case was also the subject of a special inquiry by the Board and Crown authorities.

In every case of death by accident, of sudden or unexpected death, or death under circumstances of apparent or alleged suspicion occurring in an asylum, the Superintendent is required to give immediate intimation, not only to the Board but also to the Procurator-Fiscal of the county in which the asylum is situated, who makes such inquiry as he may deem necessary.

Progressive History of Patients first Admitted into Establishments in the year 1898.

On page xxxi of our Fourteenth Annual Report will be found a Table showing the changes which occurred among 1297 patients admitted to asylums for the first time in 1858 during that year, and the eleven subsequent years ending 1869. The results of that inquiry are further discussed on page xxxv of our Sixteenth Report. A similar series of Tables was begun in our Eleventh Report, relating to 1326 (subsequently corrected to 1319) patients admitted for the first time in 1868. The thirtieth and last of these Tables was given in our Fortieth Report, with a discussion of the inferences which may be drawn from the results.

The following is the sixteenth of a third series of such Tables dealing with the progressive history of 2539 patients admitted to asylums for the first time in 1898 :—

Year.	New Cases Admitted.	Progressive History of Patients first admitted into Asylums in 1898.							
		Readmitted during Year.				Removed Recovered.	Removed Unrecovered.	Died.	Remaining at 31st December.
		Once.	Twice.	Thrice.	Total Number of Re-admissions.				
1898	2,539	71	3	...	77	678	135	247	1,556
1899	...	128	2	...	132	390	123	160	1,015
1900	...	93	9	...	111	93	45	113	875
1901	...	79	1	...	81	51	30	56	819
1902	...	50	3	...	56	52	24	53	746
1903	...	55	...	...	55	43	22	41	695
1904	...	43	1	...	45	29	17	35	659
1905	...	33	...	...	33	26	16	30	620
1906	...	35	1	...	37	23	14	24	596
1907	...	31	2	...	35	32	13	28	558
1908	...	32	...	...	32	23	10	26	531
1909	...	28	1	...	30	16	12	24	509
1910	...	21	1	...	23	14	2	30	486
1911	...	24	...	1	27	14	14	16	469
1912	...	24	...	...	24	9	4	16	464
1913	...	25	...	...	25	12	4	13	460

It will be observed from this Table that at the close of the second year 209 readmissions had occurred, and at the close of the tenth year the readmissions numbered 662. Of these, 618 had been re-admitted once during the ten years, and 22 twice (the latter number counting as 44 readmissions). The total number of readmissions during the sixteen years is equal to 32·4 per cent. of the original number admitted. Calculated on the original number admitted, the recoveries during the first two years amounted to 42·1 per cent., discharges unrecovered 10·2, and deaths 16 per cent., the removals from all causes thus representing 68·3 per cent. during the first two years of the original number admitted. During the last two years the removals from all causes amounted only to 2·3 per cent. of the original admissions.

Calculated on the mean number resident (the mean for the first year being taken at half the number resident at 31st December), the recoveries during the first year amounted to 87·1 per cent., and the deaths to 31·7 per cent. In the sixteenth year these percentages were respectively 2·6 and 2·8.

III. PRESENT CONDITION OF ESTABLISHMENTS FOR THE INSANE.

Establishments for the insane in Scotland arrange themselves in the following groups: (*a*) Royal and District Asylums, (*b*) Private Asylums, (*c*) Parochial Asylums, (*d*) Lunatic Wards of Poorhouses, (*e*) Training Schools for Imbecile Children, and (*f*) the Department for Criminal or State Patients in Perth Prison.

The Royal or Chartered Asylums are institutions which were in existence previous to the enactment of the Lunacy Act of 1857. They are 7 in number. Five of these—the Royal Asylums of Aberdeen, Dundee, Edinburgh, Glasgow, and Montrose—were at their origin erected out of funds derived from legacies, subscriptions, and donations, including in all cases contributions of greater or less amount from parochial sources. The other two institutions, the Crichton Royal Institution at Dumfries, and Murray's Royal Asylum at Perth, were erected out of funds provided by the benefactors whose names they bear. All the 7 Royal Asylums received both pauper and private patients at the time of the passing of the Act of 1857; but the Directors of Murray's Royal Asylum resolved, soon after the passing of that Act, to devote the institution solely to the care and treatment of private patients, and the Glasgow and Dundee Royal Asylums now also receive private patients only.

District Asylums are institutions created under the provisions of the Lunacy Act of 1857. Asylums of this class are provided out of funds furnished by county and burgh assessments, and are intended for the accommodation of the pauper lunatics of localities where such accommodation is not otherwise provided. At present there are 21 such asylums in occupation.

Private Asylums are establishments conducted by their proprietors for profit; and only private patients are received into them. There are 2 such establishments at present.

Parochial Asylums are establishments erected out of funds furnished by the poor-rate of the parishes to which they belong. These establishments are called Parochial Asylums for convenience, but they are technically lunatic wards of poorhouses which have been licensed by the Board to receive pauper patients suffering from all forms of insanity, that is, those who are curable and dangerous as well as those who are regarded as incurable and harmless. There is 1 establishment of this class at present.

The name of Lunatic Wards of Poorhouses is given specially to portions of poorhouses which have been set apart for the accommodation of pauper lunatics who are regarded as incurable and not dangerous. Such sections exist at present in 14 poorhouses.

The National Institution for the Training of Imbecile Children

at Larbert, and the Balodvan Institution for Feeble-Minded Children, are both charitable institutions erected by voluntary subscription. In addition to children received gratuitously, both receive private and pauper children, whose board is paid respectively by their friends and their parishes.

The criminal lunatic department of the Prison at Perth provides accommodation for prisoners and convicts who have become insane during confinement, and also for persons detained during His Majesty's pleasure, who have been found to be insane in bar of trial, or to have been insane when they committed the offences with which they were charged.

The Reports by the Commissioners of their inspection of the different establishments are given in Appendix B. These Reports are entered in the books of the respective establishments on the occasion of the statutory visits of the Medical Commissioners to the several institutions, and they form the basis of the following remarks :—

(*a*) *Royal and District Asylums.*

Aberdeen Royal Asylum.

The work of reconstructing the old asylum is progressing as rapidly as possible, always taking into account the difficulties imposed by the occupation of the buildings by the patients and staff. The new kitchen and a part of the store have now been practically completed, and it is expected that the kitchen will be in use very shortly. It is being fitted with modern machinery, and the arrangement of its interior, together with the various and commodious adjuncts—including sculleries and stores—appear to be admirably adapted to their purpose and requirements. It is learned with approbation that a chief Night Nurse has been appointed to superintend and co-ordinate the duties of the night female staff. It was also observed with satisfaction that a large number of acute patients are being treated in verandahs in the open air. These verandahs are moveable and are formed of wooden frames covered with oil canvas. They have the advantage of being cheap, while subserving their purpose. There has not been any use of either restraint or seclusion, and a good impression was formed of the manner in which the patients are looked after. The general management of the whole asylum is said to maintain its high level of efficiency and skill.

Aberdeen City District Asylum.

Emphasis is again given in the reports to the necessity of better provision being made in the way of accommodation for male patients. The inadequacy of the hospital or infirmary wards which results in overcrowding, especially in the female hospital, is also commented upon, and the District Board is asked to consider seriously the question of extending the asylum to meet not only the present but future requirements. Reference is made to an accident which happened to two patients who, while out walking in the wooded grounds of the

institution, were struck by pellets from the guns of two strangers who were shooting rabbits in a field adjoining the asylum property. Fortunately the patients were not seriously injured, and are now well. The matter was reported to the police authorities, and the offenders were prosecuted and punished for reckless discharge of firearms. It is stated that the new farm is now in good working order, and that it should prove a valuable help in the care and treatment of the patients. Much thought and care must have been spent on its arrangements and equipment, and as a whole it is well designed. Satisfaction is expressed at the large number of patients in this institution who are given parole within the grounds, and it is said that the liberty thus given to the patients has been attended with much success. The hospitals are reported as being ideal in their arrangements, the nursing and medical treatment and care of the patients throughout the whole asylum being of a high standard. There has been no restraint or seclusion, and there have been no escapes. The day rooms and dormitories in the various villas are stated to be well ventilated, scrupulously clean, and bright and homelike. A favourable impression was formed of the general administration.

Argyll and Bute District Asylum.

Glass verandahs in connection with the male and female hospitals have been erected, and these promise to be of great service for the open-air treatment, not only of phthisis, of which there is, fortunately, very little in this asylum—but of various forms of mental disease. It is pointed out that it would be both economical and useful if the beds of the bed-ridden patients in the female hospitals could be wheeled directly on to the verandahs. This could be done by breaking out a door at the end of the hospital ward. Two of the wards and the male and female attendants' mess-room have been repainted. A new lavatory has been constructed in connection with the Morven division, and the lavatories in the Bute division have been refitted. It is understood that the boilers and steamers in the kitchen are worn out and require to be replaced on a larger and more modern scale. A recommendation is made that when this is under consideration the kitchen itself (which is too small) should be suitably enlarged by a projection into the adjoining courtyard. Mention is made of the loss which the District Board has sustained through the death of Mr. Robert Hamilton, an old and valuable servant, who for many years has drawn the plans and supervised and carried on all the building operations and alterations which have taken place at the asylum without outside aid or advice. The thoroughness of his work and the economy with which it was effected have always elicited the admiration of those who were acquainted with it. Extensions of the houses of two of the staff were in progress at the farm. It is believed that these extensions will not only add to the comfort of the staff but will also allow of more effective provision for the requirements of the farm. The asylum was found throughout in very good order, and the prevailing cleanliness and brightness of the apartments attracted favourable notice.

Ayr District Asylum.

Satisfaction is expressed at the comparatively small number of patients in this institution who suffer from active phthisis, and it is explained that the present immunity from the disease is due to the measures that are taken to ensure that every patient must daily spend a certain time in the open air; to the proper ventilation of the wards and dormitories, and to the rigid isolation of all cases of active phthisis. The nursing of patients, with an active tubercular condition, in the hospital is approved of, and it is observed that the whole hospital has been erected on the principles on which sanatoria for consumptives are built. The recent renovation and alteration of the laundry has been excellently carried out, and the additions to the length of the building, the new roof, the new receiving and issuing rooms, the new drying closets, and the new hydro extractors are stated to have added greatly to the efficiency of the department, while the good lighting and the complete absence of steam in the washhouse, and other minor improvements, must add greatly to the comfort of the workers. It was noticed with approval that all the patients occupy bedsteads, not excepting those confined to bed during the day, and that the old method of placing restless patients on shakedowns on the floors of single rooms has been abolished. Also that the use of single rooms for restless patients during the night has been largely discarded. Favourable allusion is made to the high percentage of *post-mortem* examinations which it was found possible to conduct. The medical care of the patients is reported as reaching a high standard, and the administration generally is said to be active and of a conscientious description.

Banff District Asylum.

As the District Lunacy Board is said to be at present considering plans for the better accommodation of the patients and nurses, a recommendation is made that careful attention should be given regarding the state of the laundry, especially its equipment and facilities for the comfort and convenience of the patients working in it. The recommendation if adopted would, it is believed, bring the laundry into line with modern requirements. The proposal of the District Board to introduce electric lighting into the institution is favourably commented on. Approval is expressed that weighing machines have been obtained, and that the weighing of patients is regularly and systematically carried out. The patients were found to be suitably and advantageously employed, and it was obvious that much care is exercised by the management in directing their labour so as to be not only of benefit to their several mental states but also to the gain of the institution. It is noteworthy that nearly 70 per cent. of the patients were engaged in work, and that over 38 per cent. of the male inmates were working on the farm or grounds. The poultry, which were formerly kept near the farm steading, have been removed to Woodpark, and several of the female patients who now look after them there have thereby had a new interest added to their lives.

Crichton Royal Institution, Dumfries.

Great progress, it is said, is being made with the reorganisation and reconstruction of this Institution. One half of the old Second House has now been abandoned, and the patients who occupied it have been transferred to the new villas. This part of the Second House is to be pulled down. It may be that the Directors will decide that the whole of the Second House should be removed, an action which would greatly improve the amenity of Crichton Hall, and which would place the whole grounds from Oakfield Villa on the north to the "right of way" on the south at the disposal of the patients of the First Division. To the south of the "right of way" a complete new asylum on the villa system for patients of the Intermediate and Third Divisions has been erected, and, with the exception of two villas which are now being roofed in, is completed. This new asylum consists of 4 groups of villas for the males and females respectively of the Second and Third Divisions. Each group consists of a hospital, and of a closed and open villa. Nothing that experience and modern science can suggest for the care and well-being of the patients is wanting in their construction and arrangement. A favourable account is given of the medical laboratory, and from the practical work going on there it was evident that under the able direction of the pathologist no opportunity is lost of amplifying the general medical work of the Institution by those chemical and bacteriological examinations so essential for a complete understanding of each case. It was also noticed with approval that important research work towards the elucidation of the problems of mental disease was in progress. The Directors are to be warmly congratulated on the encouragement they have given to the medical staff to prosecute their studies to the fullest extent that modern scientific thought is able to suggest. Such encouragement will not only be reflected in greater accuracy in the care and treatment of the patients in the Institution, but it will also shed light on the unfortunately too numerous and hitherto inexplicable causes of many of the insanities of mind. Favourable reference is made to the skilled and capable nursing which obtains in this asylum, and it is remarked that the patients receive all the necessary medical care and attention which modern knowledge can supply. The several villas and buildings were carefully inspected and found in excellent order, and the material wants of the patients are represented as being adequately attended to in all respects.

The management of the Institution continues to merit approval for its enlightened and progressive spirit.

Dundee Royal Asylum.

All parts of this institution are reported as being in excellent order the day-rooms and sitting-rooms were bright, warm, and well-ventilated, and it was remarked that the arrangements in the dormitories were entirely for the comfort and well-being of the occupants. It is gratifying to record that there have been no cases of restraint or seclusion, no escapes, and no accidents. The asylum was found

in excellent order, scrupulously clean, well-ventilated, nicely furnished, and decorated with flowers.

Dundee District Asylum.

The alterations in the main building are stated to be making good progress, and the additional day-room accommodation on the ground floor will, when completed, add much to the comfort of the patients. The partitions between single rooms on the first floor have been removed, and small dormitories for 4 patients each formed in their place. In order to provide accommodation for 12 married attendants, 6 double cottages are in process of erection to the east of the nurses' home. The work is fairly well advanced, and when they are completed should provide comfortable accommodation, and it is believed they will do much to secure greater stability of service. Effect has been given to a former recommendation that spring mattresses should be placed in all the beds not already supplied with them. There has not been any use of either restraint or seclusion, and the general comfort of the patients is favourably commented on. The dormitories were found scrupulously clean and well-ventilated, the beds comfortable, and the covering ample. Satisfactory reference is made to the manner in which the Register of Minor Accidents is kept. It bears evidence that these accidents are most minutely inquired into when they occur, and are fully recorded.

Royal Edinburgh Asylum.

Among the many changes and alterations in the internal construction of this asylum, the renovation and construction of the kitchen at the West House is represented as being the most important. The department has been beautifully tiled and fitted with the latest type of cooking apparatus, including a complete system of hot plates and hot chambers for keeping the food warm before it is served. It is observed that the quieter and more trustworthy patients in the West House have been removed to the separate villas on either side (male and female respectively), the doors of which are open in the daytime. This permits these patients to enjoy an increased degree of freedom and a quieter and more agreeable mode of life, besides setting free space on the ground floor of the main building, which is to be used as additional hospitals—a form of accommodation which the increasing number of sick and infirm patients and the requirements of better classification render necessary. Approval is expressed that the Managers have under their favourable consideration proposals for lighting the West House with electricity, and for heating the wards and dormitories with hot water. Attention is drawn to an accident which happened to a gentleman patient who impulsively jumped through a window before his attendant could prevent it, and who fell a distance of 20 feet. He fractured his collar bone and three ribs, but beyond general bruising there was no other external symptom. He appeared to be making an uninterrupted recovery, when he suddenly died from pulmonary embolism. The connection between his injuries and the immediate cause of his death was not clear, but

they were believed to be probably related. The death was duly reported to the proper authorities. The information available from the records, from the Assistant Medical Officers, and from the nursing staff regarding the history, progress, and symptoms of all the patients is stated to be one of the many features of the excellent medical management of the institution, which embraces all details, however trivial, bearing upon the welfare, comfort, and treatment of the patients. Each department is in charge of an Assistant Matron who has, in addition to her mental training, the qualifications of a nurse who has passed through general hospital experience. This arrangement allows an active and efficient supervision of all the departments at all times, and is regarded as being in the best interests of the patients. The general management of the asylum continues to be most active and able, and is characterised by much courage and earnestness.

Edinburgh District Asylum.

In the spring of 1914 this asylum will have been occupied for a period of ten years, and it is recalled that the main features of its construction were adopted from the more modern type of continental asylums, and adapted to the special requirements of Scottish lunacy administration. Many reforms and improvements are instanced by the reporter and referred to at length on p. 88 of the Appendix. It is remarked that it would have been impossible to have introduced this form of asylum into Scotland, were it not that during the last fifty years many important improvements in the treatment of the insane have been gradually introduced. Without these reforms an asylum of this kind would scarcely have been possible. As it is, the system upon which it is constructed has undoubtedly proved beneficial to the patients. It marks an advance on the old "barrack" type of institution, and an approximation towards the normal mode of life of human beings, while it permits better classification of the patients, and greater freedom and greater facilities for work and exercise in the open air. Allusion is made to the fact that although the cost of maintenance is at present slightly over the average, this is not due to the type of construction of the asylum, but is owing to the circumstance that while the administrative departments are constructed for an asylum of 1000 beds there are as yet only 835 inmates. On the other hand, it is pointed out that the difficulties of administration and supervision have not been found to be greater than in ordinary asylums, and accidents and escapes have not been more numerous. It is recorded with approval that the District Board have, within the last two or three years, erected no less than 22 houses for married employees. Several of the newer houses were inspected and are said to be commodious, well-planned, and well-constructed, and are greatly appreciated by their occupants. There are now 50 such houses on the asylum estate, and their influence in securing permanency of service and a reliable staff of male employees is already becoming evident. *Post-mortem* examinations were held in 79 cases in relation to a death rate of 110, or equal to 72 per cent., and it is regarded with satisfaction that there has been no occasion to resort to the use of restraint or seclusion in any case. With regard

to the number of patients suffering from phthisis, it is explained that most of these are found to be suffering from this disease at the time of their admission. The existing sanatorium is for female patients, and it is learned with approval that the District Board propose to erect a second sanatorium for male patients who are tubercular. The conversion of the hospital verandahs into what are practically hospital wards is warmly commended, and the proposed addition of lavatory accommodation to these verandahs will render them more efficient. Favourable comment is made upon the ideal conditions of the patients at Middleton Hall and the Farm Home. The administration of the institution is represented as meriting high approval.

Elgin District Asylum.

Plans have been prepared by the District Board for the erection of a new hospital ward and verandah in connection with the male ward. This addition, which has for a long time been recognised as necessary, will prove, it is believed, of great benefit to the male patients. Satisfaction is expressed at the pleasing appearance presented by the patients who reside in the farm house of Bilboa Hall. They were reported to be in robust physical health, contented and apparently happy. This farm house is regarded as affording ample and comfortable accommodation for patients. The number of male and female patients able to be employed at work is stated to be relatively large, and there is evidence that every effort is made to provide suitable and beneficial occupation for the patients. The whole institution was found to be scrupulously clean, suitably heated, and adequately ventilated, while the management continues to merit confidence.

Fife and Kinross District Asylum.

The building of the new blocks is reported to be making steady progress. The greater part of the building on the female side is already roofed in, and the walls on the male side are well up. These blocks will provide additional day-room accommodation on each side for 75 patients, and sleeping accommodation for 42. This large day-room space will, when completed, set free some of the day-room space in the hospital block, and this space will be used as a sanatorium with verandahs attached, an improvement in the hospital accommodation which is much required. The store building is completed, with the exception of the heating and lighting arrangements, and it is commodious and in every way suitable. A small separate fireproof store has been built for storing inflammable goods. Reference is made to an outbreak of fire which took place on the 29th April in gallery 5 of the male division of the main building. The fire was soon extinguished by the institution brigade. It is worthy of notice that some 50 patients in one of the dormitories adjacent to the gallery were transferred to safer quarters by the fire escape staircase connecting the dormitory with the Recreation Hall, and this staircase was erected recently by the District Board on the suggestion of the General Board. Had this staircase not been available, the patients would have required to have been brought out through the site of the fire at much risk to

their safety. The alternative mode of exit also allowed the attention of the fire brigade to be concentrated on the extinction of the fire. The anxiety which has long been felt in connection with the difficulty of getting sufficient pressure of water at the hydrants in case of fire has been met by the proposal to bring a pipe off the main for hydrants alone. Satisfaction is expressed that contracts for this work have been accepted by the District Board. Favourable notice is made of the large number of *post-mortem* examinations which it has been found possible to conduct. In relation to a death rate of 66 it shows a percentage of 83·3. The institution is stated to be in excellent order, the day-rooms and dormitories were clean, well-heated and ventilated, while the patients, with a few exceptions, were found to be quiet and orderly. The relations between the patients and the staff appeared to be very cordial, and the general management of the asylum is commended as being active and efficient in every direction.

Glasgow Royal Asylum.

Constant reconstructions are taking place in the various departments of this institution with the object of making it more efficient in dealing with the improvements which are being introduced in connection with the treatment of the insane. It is noticed with approval that special accommodation has been provided for the nurses in the East House. This has been attained by alterations on a day-room dormitory on the gentlemen's side of the West House. These alterations have given to the nurses in question what is practically a Nurse's Home, and the Directors are congratulated on their thoughtfulness in making this excellent provision for the nurses. The high recovery rate is alluded to by the reporter as being well above the average recovery rate of Scottish institutions. The number of voluntary inmates is also relatively large, and this is regarded as an evidence of the repute which the institution enjoys for the care and treatment of mental maladies. It was observed with approbation that a large number of the patients who are either mentally unfit for occupation of any kind, or are physically unable to engage in it, were being treated in bed in the open air, and it is understood with great benefit as regards their mental symptoms. The increasing number of patients, the careful medical attention which is devoted to each patient, and the satisfactory state of the institution generally are represented as indications of successful administration.

Glasgow District Asylum, Gartloch.

By the boarding out of about 40 patients by special arrangement in other Scottish asylums, and the removal from the roll of registered lunatics of 24 epileptics, who have been placed in the new Epileptic Colony recently erected by the Glasgow Parish Council, the threatened congestion and overcrowding in this asylum has been averted for the present. It is evident, however, in view of the increasing number of admissions that the comparatively small number of vacant beds calls for the urgent consideration of the District Board. A large amount of repainting has been done throughout the institution, and it was observed

that the dormitories were in good order, and the beds and bedding well attended to. The day-rooms were bright, well-ventilated, and scrupulously clean, while the wants of the patients as regards food and clothing were amply looked after. Large numbers of the patients are reported as being adequately and beneficially employed. The pond which has been made as the result of the labours of the male patients will be of much use in the event of fire, and in winter when it is frozen will add to the entertainment of many of the patients as a curling pond. The recommendations made by the Inspector of Factories for the greater protection of the patients and staff working near machinery are said to be partially carried out by the District Board. Reference is made to the case of suicide by drowning of a patient—a male—who was permitted through the negligence of two attendants to escape through a window. His body was afterwards found in the loch near the asylum. The incident was reported at once to the proper authorities, and the two attendants responsible for the patients escape were dismissed. The medical administration of the institution and the District Board are commended for the extensive use of verandahs which now obtains. These verandahs are believed to be a preventive of such diseases as phthisis, and as a means of allaying mental excitement and of improving bodily nutrition they cannot be too highly valued. Admirable order prevails in the asylum, which was found clean, bright, and well-ventilated, while the patients were reported as being quiet, contented, and free from complaints of any kind. Much zeal and energy characterise the administration of this asylum.

Glasgow District Asylum, Woodilee.

Following upon another epidemic of colitis, which broke out in this asylum early in the year, the District Board were strongly recommended that means should be taken for arresting in future an extension of the malady. It was suggested that special advice on the subject of the present disease should be obtained and as to the best way of combating it. It is gratifying to report that the District Board have called in the services of Professor Muir of the Glasgow University, who reports that in the first place those suffering or suspected to be suffering from the disease ought to be isolated, and, secondly, a bacteriological inquiry should be made as to the cause of the disease. Patients suspected as a source of infection and those suffering from colitis are being nursed and treated in the two upper wards of the reception house. The patients formerly in these wards will be accommodated in the hospital, where one of the wards is to be made more efficient for nursing purposes by the additions of a bathroom and lavatory. A disinfecting chamber is also to be erected. Bacteriological investigations are being actively prosecuted. Previous scientific investigations into this disease point to its origin as microbic, and complicated by the peculiarity that the microbe shows—like the typhoid bacillus—a persistency in remaining potent in individuals after symptoms of the disease have passed away, thus causing these individuals to be sources of infection. An epidemic of scarlet fever also occurred, affecting 8 female patients. It was fortunately of a mild type, and all the patients are said to be convalescent. The asylum and all its annexes are

represented as being in the best possible order and commendably clean and bright. The new emergency exits from the Recreation Hall, which connected the male and female dormitories respectively with the hall, have now been completed. They not only afford alternative exits, but have proved of great convenience as ordinary means of access to the hall. It is observed that the lavatories throughout the main asylum have been greatly improved by the erection of partitions and doors. The lighting of the main corridor and the staircase leading to divisions 5 and 6 is also stated to have been greatly improved by the construction there of a new roof light. Favourable attention was attracted by the condition of the patients as a whole, and notwithstanding the large number resident, there was nothing to indicate that they lacked the individual care and attention which is so necessary for the comfort and happiness of the insane. The institution throughout was found in excellent order and cleanliness, and the difficult and anxious duties of management are said to be carried out with much thought and care, and to be most efficiently performed.

Govan District Asylum.

All parts of this institution are represented as being in excellent order. The dormitories and day-rooms are gradually being repainted, and in those parts where the painting was completed it was noticed that it had been economically and tastefully executed. The patients were employed to as large an extent as possible at varied useful occupations, and the benefits of this employment were reflected in the good health prevailing throughout the establishment. It is pointed out that the *post-mortem* examinations on a death-rate of 120 only amounted to 55 or a little over 45 per cent. The comfort of the patients in their persons and surroundings is favourably commented upon, the arrangements made for the treatment of the sick being found highly satisfactory. It was learned with much regret that Dr. Watson, the Medical Superintendent, had availed himself of the provisions of the Asylums Officers' Superannuation Act, and was retiring towards the end of the year. In this connection it is remarked that the institution has attained a position in the forefront of Scottish asylums mainly through Dr. Watson's wide experience and conscientious devotion to duty.

Haddington District Asylum.

There falls to be recorded a considerable increase in the number of patients housed in this establishment. The figures of the last report show a total of 195, and it is understood this is the largest number ever accommodated in the asylum. Both the villas are stated to be now fully occupied, and any spare accommodation is in the main building. The increase is mainly accounted for by the admission of patients chargeable to the parish of Glasgow, where the available accommodation is at present insufficient for the needs of the parish. It is observed with approbation that there has been no recourse to either restraint or seclusion, and that there have been no escapes. Reference is made to the death of a female patient who was found drowned. She had been regarded as sufficiently well mentally to be liberated on pass,

and it was during her residence outwith the institution that she committed suicide. The circumstances of the drowning were the subject of inquiry by the Procurator-Fiscal and the General Board of Lunacy. The house was found scrupulously clean and well ventilated in all departments, the day-rooms being comfortably furnished and having a home-like appearance. The insufficient accommodation in the sick-room on the female side having previously been commented upon, satisfaction is expressed that arrangements have now been made whereby this acommodation has been doubled and much improved. In view of the large addition to the number of patients, it will probably be found necessary to make further additions to the number of male attendants. At present there are only 5 ordinary day male attendants and 2 nurses for 88 patients, and it is recommended that at least 1 additional attendant would be required to place the attendants on the average standard. The superintendent, Mr. Macrae, having retired on pension, and the general management of the asylum having been carried on by the Matron with such good results, the District Board considered that it would be an advantage, in the interests of the patients and on the grounds of economy, to appoint Miss Sinclair to be Superintendent, and she has now entered upon her duties. It is remarked that Miss Sinclair has already effected considerable improvements in the arrangements of the house.

Inverness District Asylum.

This institution continues to be favourably reported upon. The general absence of complaints among the patients, the excellence of the medical treatment and nursing in the hospitals, the large proportion of male inmates engaged in useful outdoor work, and the comparatively few changes in the staff, are all referred to in the reports as indications of very good management. It is reported, with approval, that 6 new houses for married attendants are in course of erection. Attention is again called to the regrettably high mortality from phthisis, and it is noted with satisfaction that arrangements have now been made to provide wards capable of accommodating from 12 to 16 phthisical patients immediately adjoining the verandahs recently built. It is hoped and expected that these arrangements will materially decrease the amount of phthisis occurring in the institution.

Kirklands Asylum.

Reports on this institution are favourable. It is said to be scrupulously clean, well ventilated, the beds excellent, and the clothing of the patients attracted favourable notice. The food was good and ample, and its expeditious service at numerous "family tables" is highly commended. The arrangements for the nursing of the sick are said to be satisfactory, and due attention is given to the suitable employment of all who are able to work. The home-like character of the arrangements at Longdales Farmhouse attracted special notice.

Lanark District Asylum.

Reports on this institution again call attention to the rapid increase in the number of patients resident. During the ten months covered by the reports the number has increased by 36. Figures are given showing that the increase is not a temporary one, but has been going on with increasing rapidity during the last ten years. The District Board, recognising the immediate need for increased accommodation, wisely resolved to proceed at once and erect a separate admission hospital capable of providing for 200 patients. This is now being rapidly pushed forward. In view of the large number of patients, who are unable to work or take much active exercise, it was recommended that verandahs should be erected in connection with the acute blocks, both on the male and female sides, so as to enable such patients to be in the open air as much as possible, and it is reported that these are to be proceeded with at once. The general arrangements for the care and supervision of the patients met with entire approval. The condition of the patients in the hospital is favourably commented on. The entire absence of restraint or seclusion, and the comparatively few changes in the nursing staff, are referred to as indications of excellent management.

Midlothian and Peebles District Asylum.

Reports on this institution call attention to the small margin of vacant accommodation. The admission rate, especially during the latter half of the period under review, had been abnormally high. It is hoped that the condition is a temporary one, and that the question of increased accommodation may not become more urgent. The need for renovation of the flooring in certain of the wards is emphasised. The very large percentage of cases in which the cause of death has been verified by *post-mortem* examination receives warm approval. The sitting-rooms and dormitories are reported to be thoroughly clean and well ventilated, the nursing in the hospital was excellent, the food good and ample, and the arrangements for the industrial occupation of the patients satisfactory. An unsatisfactory feature in the reports is the large number of changes in the attendant and nursing staff.

Montrose Royal Asylum.

This asylum is reported to have been found in admirable order and in the usual state of almost perfect cleanliness. Fully 60 per cent. of the inmates were industrially employed, about one-half of them at farm or garden work. It is reported with approval that a large number of female patients were seen at work in the gardens. There was a general absence of complaints, there had been no serious accidents of any kind, and there had been no use of restraint or seclusion. The death rate continues relatively high, but. judging by the certified causes of death, it is evident that a very large proportion of the deaths is among old people. The medical work of the institution receives high commendation.

Paisley District Asylum.

In the reports on this institution attention is called to the frequent changes in the staff of attendants and nurses, and the great difficulty experienced in engaging suitable substitutes, and the suggestion is made that a larger proportion of married attendants might be induced to take service if suitable houses were provided for them. It is reported with approval that sixteen rooms have been built for unmarried attendants and nurses, and it is hoped that the additional comforts thus provided may improve the stability of the staff. The management—both medical and lay—is reported to be very good. A very large proportion of the inmates is engaged at useful work, and the cleanliness of the house, the good clothing, and the excellence of the food, are favourably commented on.

James Murray's Royal Asylum, Perth.

Regret is expressed at the retirement, owing to bad health, of Dr. Urquhart, and a tribute is paid to the ability of his management and devotion to the interests of the patients during his long service as Superintendent. The asylum is reported to be in admirable order, and special approval is expressed of the seaside villa at Elie, where 5 patients can be comfortably provided for during the summer months. The mortality has been high, but, in the great majority of the cases, the patients had reached a good old age, and all the deaths were due to natural causes.

Perth District Asylum.

A favourable report is given of the general management of this institution in its medical and administrative aspects, and the case books are said to be kept with much care and scientific interest. The patients were reported to be—on the whole—quiet and orderly, clean and well clad. The few complaints made were fully investigated, and found to be due to delusions. Proper attention is given to the employment of such patients as are fit for work. It is much to be regretted that in 41 deaths occurring during the year the cause of death was only in 8 cases verified by *post-mortem* examination. This is believed to be the smallest proportion in any similar institution in Scotland. The Board have always considered these examinations desirable, not only in the interest of scientific progress, but much more as a protection of patients from the chance of injury by rough handling in the wards. It is recognised that there are probably difficulties in obtaining the consent of relatives owing to prejudices existing in the district; but these have been to a large extent overcome in other similarly situated asylums, and it is hoped that similar success may be reached here.

Renfrew District Asylum.

It is reported of this institution that, although working under great difficulties owing to overcrowding, the general condition of the

patients was very satisfactory, and that throughout the whole institution the sitting-rooms and dormitories were found in a praiseworthy condition. The record of employment is excellent, 80 per cent. of the population being at work, and 50 per cent. of the male patients employed at outdoor work. The clothing and the food are favourably reported on. The medical care and treatment of the patients attracted special notice. The careful manner in which the case books are kept, and the care taken to verify the cause of death by *post-mortem* examination are recorded as evidences of the interest taken by the medical staff in their work. It is reported with satisfaction that the building of two new villas, each to accommodate 50 patients, has been commenced. And, it is hoped, the work will be rapidly pushed on. A nurses' home, to accommodate 30 nurses, is also planned, and this will set free the accommodation at present required for these officials, and provide additional beds for patients. The District Board have also taken the farm of West Dykebar, which was formerly let to a tenant, into their own hands, and renovations and enlargements at the farm steading there will provide further accommodation.

Roxburgh District Asylum.

Approbation is expressed at the satisfactory method of classification which obtains in this institution, whereby the infirm and the sick, the more restless and troublesome, and the quiet working inmates are as far as possible segregated, and receive appropriate supervision adapted to the requirements of each of these classes. This supervision, combined with the large amount of individual attention which is properly given to the patients, is represented as being responsible for the generally quiet and orderly conduct which prevails in the asylum. The state of good order in which the whole interior of the institution is kept is highly commended; the temperature of the rooms, their ventilation, their brightness and their cleanliness, being in all respects satisfactory. It is noted with approbation that *post-mortem* examinations were conducted upon 80 per cent. of the deaths. The nursing is regarded as being of a high standard and thoroughly practicable, and the medical care of the patients in the hospital, as elsewhere throughout the institution, is all that could be desired, while the general management of the institution is painstaking and most efficient.

Stirling District Asylum.

Owing to the gradual increase in the population of this asylum during the past 15 years, and notwithstanding that every effort has been made to reduce the numbers resident by the discharge of all patients who were fit to live outside the asylum, as well as the persistently high admission rate which, in proportion to the available accommodation, is much above the average for Scottish institutions, the effect has been created of increasing the population beyond the limits of the accommodation. It having been pointed out to the District Board that these circumstances should be taken into immediate consideration with a view to extending the asylum, it is

now learned with much satisfaction that it is intended to provide further accommodation in the nature of an additional hospital. The work of removing the old steading and erecting a new one situated a little further away from the succursal block is reported as being completed, and a most beneficial improvement has been thus effected. A new gate lodge has been erected at the new entrance to this part of the grounds, and this house, which is of good design, is to be allocated to one of the upper officials. The new boundary wall around the asylum estate has been completed, and is also a distinct improvement. It is gratifying to observe from all these improvements, and many others, too numerous to mention, that the District Board and the Medical Superintendent fully realise that this asylum must be constantly adapted to the requirements of the rapidly increasing population of the large industrial community which it serves. The medical attention given to all the patients is stated to be unremitting and of a high order, as is evidenced by the exact knowledge of the individual patients, the manner in which the medical books are kept, and by the absence of the use of restraint or seclusion. The material wants of the patients are regarded as being amply attended to. The nursing staff is reported as being kept at an adequate strength, and the management of the institution continues to deserve praise for the progressive and able manner in which it is carried on.

(*b*) *Private Asylums.*

Balgreen Private Asylum.

Owing to the death of Sir John Batty Tuke the conduct of this establishment as a private asylum will shortly cease, and it is stated that arrangements are being gradually made for the removal of all the patients. The inmates were found to be enjoying fair health, and were most comfortably provided for.

New Saughton Hall Private Asylum.

A close inspection of this asylum disclosed evidence that nothing was left undone to promote the welfare of the patients. The establishment was found in good order, every room without exception being neat, nicely decorated, and properly heated and ventilated. The management is regarded as efficient.

Westermains Private Asylum.

No change falls to be recorded in the number of patients, and they were reported as being in good health, everything being done to promote their comfort and well-being. The institution is stated to be in good order.

(*c*) *Parochial Asylum.*

Greenock Parochial Asylum.

Favourable allusion is made to the many structural alterations which have been completed recently within this establishment. It is

pointed out, however, that the outlying division of the male side, known as Number 2, has never been regarded as very suitable for accommodating patients, and that it compares most unfavourably with other parts of the asylum. If it is to be continued in use as accommodation for lunatics it is strongly urged upon the Asylum Committee that radical changes and improvements should be made on the interior of the building. In addition to the painting of the walls of the staircase and all the rooms in bright enamel colours (for it must be remembered that this division is only lighted on one side), some form of artificial heat should be introduced into the staircase or into the individual rooms, and the whole furnishings of the rooms should be renewed and made more comfortable. It is true that the patients at present accommodated in this part of the building are out-of-doors working most of the day : but there must be many days in the year when these patients have to be indoors, and it is only fair to the most deserving class that their surroundings should be as bright, cheerful, and comfortable as they can reasonably be made. By the adoption of these improvements, which are concurred in by both the reporters, it is believed this division of the asylum would be brought into line with the other parts of the institution. It is suggested, in reference to the small number of *post-mortem* examinations which have been conducted, that it is highly desirable that a strong effort should be made to obtain the sanction of the relatives to such examinations, whenever it is possible to do so. Comment is made upon the relatively large number of patients labouring under sub-acute excitement, as well as to the large amount of seclusion recorded in the Register. It is observed that there are at present no means of special treatment by hydropathic and electrical appliances—remedies found to be most useful in such cases. The Parish Council are strongly recommended to consider the advisability of providing the appliances referred to. It was noticed with approval that three blocks of houses to accommodate 12 tradesmen and attendants were in course of erection. Nothing, it is believed, conduces to the welfare of the patients so much as a staff of nurses and attendants who intend to make the work of asylum nursing their life work, and the opportunities afforded to the attendants of marrying are regarded as steps in the right direction. Reference is made to the small number of patients suffering from active phthisis, and this immunity is said to be probably attributable to the careful ventilation and the feeding of the patients. The care and the nursing of the patients in the hospitals are specially commended, and the administration of the institution is stated to be ably conducted.

(*d*) *Lunatic Wards of Poorhouses.*

Lunatic Wards, Buchan Poorhouse.

Notwithstanding the disorder caused by the introduction of a new heating system into the poorhouse, the wards were stated to be bright and clean, and the arrangements for the care and comfort of the patients continue to be as good as could be desired. It was pointed out that a female patient, who was suffering from tubercular glands in the neck, required more care than it was possible to bestow upon

her in this establishment, and it was recommended that she should be removed to the asylum. The management is commended for its kindly, considerate, and thoughful nature.

Lunatic Wards, Cuninghame Poorhouse.

The condition of the patients as a whole is reported as very satisfactory, and there was abundant evidence that all their wants are properly attended to. Seventy-one of the inmates out of a total of 90 on the register were found employed at varied and suitable occupations. It is recommended that a few basket arm-chairs should be provided for each day-room for the use of the infirm inmates. These can be procured at trifling cost, and would add greatly to the comfort of the patients. Mention is made with regret that Dr. Garrey, the Governor, has resigned his appointment in order to enter an important post under the Ayr County Council. During Dr. Garrey's term of office the lunatic wards have been completely renovated, and his administrative duties, so far as concerns the lunatic inmates, have been performed with ability and marked success. Mr. Gillespie, who had practical experience in the care of mental cases at Riccartsbar Asylum, has been appointed Governor.

Lunatic Wards, Dumbarton Poorhouse.

On 25th April of the year under review, fire broke out in this poorhouse, and was of so destructive a nature as to involve the major portion of the whole buildings, including two dormitories occupied by lunatic patients. Fortunately none of the inmates were injured, but in consequence of the loss of accommodation, 19 patients were removed (1 to Stirling District Asylum and 18 to Paisley Poorhouse). It is learned with approbation that the Committee have at present under their consideration the proposal to ensure the proper separation of the sexes as recommended by the Board.

In spite of the difficulties caused by the fire, the management of the patients is stated to be of a commendable and conscientious nature.

Lunatic Wards, Dundee (East) Poorhouse.

In this establishment the day-rooms and dormitories were found to be thoroughly clean, and the beds comfortably and amply covered. It is gratifying to record that there have been no cases of restraint or seclusion, no escapes, and no accidents. The inmates on the whole, were found to be in excellent health, clean, comfortably clad, and remarkably free from excitement. The wards appeared to be very well managed, and the relations between the inmates and staff are represented as being friendly.

Lunatic Wards, Govan Poorhouse.

The work of the patients continues to be thoughtfully planned so as to occupy them to the fullest extent possible, and for the benefit

of their several mental states. It was noticed with approval that the new house at the bowling-green had been completed, and the enjoyment and comfort of the patients in their hours of amusement has been thus added to. The institution was found clean, bright, and well ventilated, and the patients gave every indication in their persons that their material wants are sufficiently attended to, their clothing being neat and serviceable. Careful management is said to characterise these wards, and the medical care of the patients is considered most praiseworthy.

Lunatic Wards, Inveresk Poorhouse.

The wards are reported to be clean and comfortable, the clothing of the patients suitable, and their appearance to indicate a suitable and ample dietary. Suitable work is provided for those patients who are fit to work. There have been no changes among the inmates during the year.

Lunatic Wards, Kincardine Poorhouse.

The wards were found in excellent order, the patients clean, suitably clad, and very contented, and most of them engaged in useful work. The water pressure is said to be inadequate in case of fire, and there is much difficulty in improving it. The Committee have provided Simplex Fire Extinguishers, which are said to be very effective and easily worked. One or more are placed in each room, and certain of the inmates have been taught how to use them.

Lunatic Wards, Lewis Poorhouse.

These wards, which were opened in 1911, are licensed for 15 male and 15 female patients, and are now occupied by 27 patients, of whom 13 are men and 14 are women. The wards are reported to be in good order, clean, and properly ventilated. The management is kindly and efficient, and the relations between staff and patients very friendly. The majority of the men are engaged at useful work, mostly in the garden, but the majority of the women are unfit for work. It is reported that it would be desirable in the interests of the economical working of the wards that one or two female patients capable of laundry work should be found. There has been no use of restraint or seclusion, no escape, and only one death during the year.

Lunatic Wards, Linlithgow Poorhouse.

Limited outbreaks of enteric fever have occurred in the wards here during the past few years, and there was one case during the present year. It is recommended that an investigation should be made to see if there are any "typhoid carriers" in the institution, or whether there is any fault in the sanitary arrangements. The house is reported to be clean and in good order, the majority of the patients are usefully employed, and the dietary is a generous one.

Lunatic Wards, Long Island Poorhouse.

Favourable reports are made regarding these wards. Improvements recommended in a former entry have been completed, and are working well. It is strongly recommended that additional land should be got if possible, so as to provide additional work, and make it possible to keep cows to supply the wards with milk. At the summer visit it was reported that there was a scarcity of water, and the hope is expressed that this want may be speedily remedied. The patients are well cared for in an economical manner, and are usefully employed. One escape, by taking a boat from the shore close by the poorhouse, is reported, which, fortunately, was not attended by serious results. The boat was cast ashore on an uninhabited island about three miles from the poorhouse, and the escaping man was only found there on the third day from his escape, fortunately little the worse for his experience.

Lunatic Wards, Old Monkland Poorhouse.

A very favourable opinion is expressed as to the management of these wards. The dietary attracted special attention, and it is reported with approval that in addition to an otherwise ample dinner each patient had a liberal allowance of milk. The clothing, almost all woven by the patients, was good, and the condition of the day-rooms and dormitories all that could be desired. The general health of the patients was good, and the great majority of them were engaged in useful work. No accidents have occurred. Three male patients died from natural causes, verified in each case by *post-mortem* examination.

Lunatic Wards, Paisley Poorhouse.

The number of patients in these wards is slightly in excess of the number for which they are licensed. This is a temporary condition due to the fact that 18 patients chargeable to the Dumbarton Combination are temporarily housed here owing to the outbreak of fire in Dumbarton Poorhouse. The wards were clean and in good order. The general health was good, and the appearance of the patients indicated an ample dietary and sufficient exercise in the open air. The management continues to merit approval.

Lunatic Wards, Perth Poorhouse.

Alterations are reported in the arrangement of the bathrooms and water-closets in these wards, which are referred to with approval as adding materially to the comfort and efficiency of the wards. The day-rooms and dormitories were in good order, the patients were well clad, and all capable of work were suitably employed. The diet was satisfactory, and it was noted that the patients were regularly weighed. No complaints were made by any of the patients.

Lunatic Wards, Wigtown Poorhouse.

It is reported that these wards are fully occupied, and continue to be kept in their usual state of good order and cleanliness. The general health of the inmates is good, suitable work is provided for them, and their comfort well attended to in every respect. The medical care of the patients is favourably reported on, and the Medical Officer's Journal is stated to be a model of what such a case book should be.

(*e*) *Training Schools for Imbecile Children.*

Baldovan Institution.

This institution, the first of the kind established in Scotland, was opened in 1854. During the greater part of the sixty years which have intervened from then till now the Directors have had to contend with adverse pecuniary circumstances, but with commendable courage and enterprise they have recently succeeded in raising the establishment to the first rank of its kind. In the month of May 1914 it will become a certified institution under the Mental Deficiency Act, and will be one of two institutions in Scotland which can offer accommodation and specialised training for mentally defective children. It is hoped that the largely increased demand which the Act will create for the accommodation of these children will have the effect of placing the finances of this institution in a position of such security as will enable the Directors to extend greatly the scope of their useful and charitable work. It is observed that the old buildings of the establishment are being used both as a Nurses' Home and a hospital for the more helpless and uneducable children. The school-room and workshops are also in this building. The rooms set apart for the helpless children and the mess-room for nurses are in all respects satisfactory, and much credit is due to the Matron for the manner in which she has planned and organised the arrangements connected with both of these departments. The new laundry, which is now in use, is entirely modern in its construction and arrangements, and is fitted with the latest and best types of machinery. The kitchen has been fitted with new cooking boilers of a modern pattern, and also with arrangements for the supply of hot water. Two cottages for tradesmen have been built in close proximity to the institution, and have been occupied quite recently. It is understood that the Directors have in contemplation schemes for the erection of another pavilion and of a new school with workshops attached for the education and training of defective children, and these proposals are cordially commended. The work of training and educating the inmates is represented as being assiduously carried out by the staff, more particularly under the direction of the two governesses. Eighty-six children attend school daily, where those of them who show an aptitude for it are taught the rudiments of elementary education, and in addition various crafts and handiwork. Thirty-five children attend school only for a part of the day, the rest of their time being occupied in various forms of useful employment, such as household work, gardening, kitchen, and laundry work. The general health of

the inmates of the institution, as evidenced by the remarkably low death rate, has during the period covered by this report been very satisfactory. As a whole the children look well nourished, clean and tidy as regards their appearance and clothing, while the absence of any constraint in their manner indicated that they are kindly treated and well trained. The management generally is favourably reported upon.

Larbert Institution.

Reference is made to the number of patients resident in this institution beyond that for which it is licensed, and to the fact that the increased population and the many important changes affected in administration and in nursing have entailed an increase of the staff of which now no fewer than 81 persons have to be accommodated in the establishment. It is learned with approbation that the Directors are alive to the necessity for increasing the amount of accommodation for patients, and affording greater scope for the teaching of such children as are capable of being taught out-of-doors occupation. Meanwhile, before such extensions can be placed on a practical footing, the Directors are naturally desirous of knowing in what manner the institution will be affected by the operations of the Mental Deficiency and Lunacy (Scotland) Act, 1913, which comes into force on 15th May 1914. Amongst the number of improvements which have been made on the buildings it falls to be noted that the roof of the central tower has been extensively repaired. A new box-room has been fitted up in the tower, and further and more suitable accommodation has been given to the nurses. It is pointed out that the nurses throughout the institution are not housed under the modern requirements which an institution of this nature demands, and it is hoped that the Directors may see their way to provide a home for the whole of the nursing staff. Such an arrangement, it is believed, will attract a high class of women and lessen those numerous changes in the staff which under present conditions cannot be avoided. With the object of coping with any outbreaks of fire, a pumping engine is to be procured and erected, and a system of pipes laid around the institution and connected with a central reservoir, 30 feet long by 20 feet broad, and about 8 feet in depth. The Directors are congratulated upon these proposed arrangements. The children were seen at various occupations, and at all stages of training and education in school, in the day-rooms and dormitories, and what was seen being done was wholly commendable. Everything is tried to bring out the latent capabilities of each child. A large amount of useful work was in progress, and the improved conditions of many of the children were noticed, evidences in themselves of the value of the system of teaching and education in force. The care of the children is evidently the object of much solicitude on the part of the staff, and is most successfully undertaken. The children were noticed to be enjoying good health generally, and appeared in their surroundings and persons to receive adequate and unceasing attention. The medical care generally, and in the hospital in particular, is represented as being maintained at its high standard.

(f) Establishment for State and Criminal Lunatics.

The Criminal Lunatic Department of H.M. Prison at Perth is maintained by the State for the confinement of those persons called criminal lunatics who are, or who have been, insane, and who are still regarded as requiring detention in a prison.

During 1913, 27 patients were admitted to this establishment. The offences of which they were accused or were guilty, the places from which they were brought, and other facts regarding them are shown in the following statement :—

H.M. Prison, Perth—Admissions to Criminal Lunatic Department during 1913.

R/N. M.	R/N. F.	Whence brought.	Date of Trial.	Initials of Names.	Date of Admission.	Offence of which Accused is Convicted.
					1913	
1	..	Edinburgh Prison	31/12/12	D. H.	1st Jan.	(1) Attempted assault. (2) Threaten to assault and murder.
..	2	Perth High Court	21/1/13	C. C. S.	21st Jan.	Murder.
3	..	Perth Prison .	27/1/13	W. P.	28th Jan.	Assault to the effusion of blood.
4	..	Perth Prison .	6/9/05	L. K.	12th March	(1) CulpableHomicide. (2) Assault by shooting. (3) Assault and threatening to shoot.
5	..	Perth Infirmary .	23/10/11	W. H.	26th March	Murder.
6	..	Perth Prison .	28/1/10	R. R.	9th April	Assault to the effusion of blood and danger to life.
7	..	Perth Prison .	25/3/13	P. M'Q.	12th April	Cruelty to Children.
8	..	Perth Prison .	2/1/13	J. M.	21st April	H.B. with intent to steal.
9	..	Perth Prison .	20/2/13	J. R. L.	26th April	Cruelty to Children.
10	..	Duke StreetPrison	9/5/13	A. P.	13th May	Shooting with intent to murder.
11	..	Perth Prison .	8/11/12	J. W.	27th June	Theft and P.C.
12	..	Perth Prison .	17/1/11	W. C.	3rd July	Culpable Homicide.
13	..	Perth Prison .	28/3/11	J. H.	10th July	Attempt to destroy railway line with intent to wreck train.
14	..	Perth Prison .	21/6/13	J. M.	10th July	Indecent Assault.
15	..	Aberdeen Prison .	4/7/13	W. L.	12th July	Assault on wife to great effusion of blood and serious injury to her person.
16	..	Perth Prison .	14/4/13	F. G.	14th July	Theft and P.C.
..	17	Perth Prison .	22/3/13	E. B. or C.	23rd July	Neglecting her children.
18	..	Perth Prison .	5/5/13	P. T.	13th Aug.	Fraud and Theft.
..	19	Perth Prison .	1/2/09	A. B. or R.	20th Aug.	Obtaining Board and Lodging by false pretences.
20	..	Duke Street Prison	8/9/81	C. D.	23rd Aug.	Murder.
..	21	Perth Prison .	16/1/12	J. A. C.	1st Sept.	Fraud and P.C.
22	..	Perth Prison .	17/10/11	M. K.	9th Sept.	Assaulting prison warders.
23	..	Lesmahagow .	22/11/09	D. R.	25th Sept.	Assault by stabbing to the effusion of blood and danger to life.
24	..	Edinburgh Prison	26/9/13	T. S.	27th Sept.	Culpable Homicide.
25	..	Perth Prison .	23/8/11	G. D.	10th Oct.	Culpable Homicide.
26	..	Perth Prison .	19/12/12	T. M'D.	3rd Dec.	Assault and Robbery and Assault and P.C.
27	..	Perth Prison .	12/6/09	J. B.	23rd Dec.	(1) Assault and attempt to ravish. (2) Rape.

The subjoined figures show the changes among the inmates of the Department in 1913 :—

Average Number of Inmates.		Admissions.		Discharges Recovered.		Discharges not Recovered.		Escapes.		Deaths.	
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
52	6	23	4	8	1	9	3	...	...	...	...

The inmates at 31st December 1913 were classified as follows :—

	M.	F.	T.
Found to be insane in bar of trial, and detained during His Majesty's pleasure	24	2	26
Found to have been insane at time of committing offence, and detained during His Majesty's pleasure	11	2	13
Convicts whose sentences had not expired	17	2	19
Imprisonment prisoners whose sentences had not expired	3	...	3
Detained until further orders of Court	...	...	...
Convict, sentence expired. Detained by order of the Secretary for Scotland under sec. 19 of the Lunacy Act, 1862	1	...	1

The rearrangement of the male section in this Department has been completed, and 17 of the quieter and better behaved inmates now occupy a separate building. This building has been adapted with much care and thoughtfulness to the requirements of the persons who are accommodated in it, and its interior closely resembles that of a modern institution for the insane. It is tastefully furnished and decorated with plants and flowers. The central day-room forms a well lighted and pleasant sitting-room. On one side of it is the kitchen and dining-room, and on the other side a reading and recreation room. The bedrooms are nicely furnished, and the arrangement for artificially lighting them is regarded as satisfactory. The removal of the 17 inmates previously referred to from the main building has eased the accommodation and facilitated the management of the more troublesome inmates who remain there. It is now possible to classify these into three classes, and the result of this measure has, it is learned, been attended with excellent results. The inmates are reported as presenting a healthy appearance, indicative of liberal dietary and of passing much of their time in the open air. The food was plentiful and well cooked, and was evidently appreciated. The Department is reported as being in excellent order and perfectly clean.

IV. LUNATICS IN PRIVATE DWELLINGS.

It will be useful to repeat here the brief statement which has been given in previous Reports, describing the position occupied by patients in private dwellings in Scotland, and the amount of official supervision which they receive.

All private patients, if they are detained in establishments for the insane, come under the supervision of the Board, and all pauper patients, whether provided for in establishments or in private dwellings, are intimated to the Board, placed on the register, and brought under supervision.

But in the case of private patients in private dwellings—that is, insane persons who are not paupers, and who are not placed in establishments for the insane—it is not required by the statutes that all of them should be under the supervision of the Board. The circumstances which bring under the Board's supervision an insane person

who is not a pauper and who is not placed in an establishment for the insane are the following :—

1. If he is kept in a private dwelling for profit, unless he is a patient in regard to whom it is certified by a registered medical practitioner that he is afflicted with a malady which is not confirmed, and that it is expedient to place him for a temporary residence, not exceeding six months, in the house in which he is so kept.

2. If, whether kept for profit or not, he has been insane for more than a year, and is subjected to compulsory confinement to the house, to restraint or coercion, or to harsh and cruel treatment.

3. If he possesses property which has been placed under curatory by a Court of Law.

The Board have therefore no official knowledge of a large number of insane persons living at home under the care of their natural guardians, provided they are neither paupers, nor kept for profit, nor restrained, nor cruelly used.

Numbers of Private and Pauper Lunatics for 1913.

The number of private lunatics who were provided for in private dwellings, with the sanction of the Board, on the 1st of January 1914, was 110. Of these, 39 were persons whose means have been placed under curatory by the Court of Session or by a Sheriff Court. Of the whole number of private patients in private dwellings, 35* were in houses which possessed special licenses for the reception of not more than four patients, and 75 were placed singly in houses which, having only one patient, require no licence. The number of houses possessing special licences for the reception of private patients was at 1st January, 25.

All pauper lunatics, wherever placed, come upon the register of the Board, and we are fully informed as to the mode in which they are provided for, and of every important fact in their history. The relation of the central authority to every individual member of the pauper class of the insane is peculiar to Scotland. In no other country is every lunatic whose maintenance is contributed to from public sources under the direct supervision of the central authority. The number of pauper patients provided for with the sanction of the Board in private dwellings on 1st January 1914 was 2833 showing a decrease of 76 compared with the preceding year. Of these, 981 are boarded with guardians who are relatives, and 1852 with unrelated guardians. Of the pauper patients with unrelated guardians, more than two-thirds are in private dwellings specially licensed to receive 2, 3, or 4 patients. The remainder, as well as almost all patients with related guardians, are accommodated singly in houses which, having only one patient, require no special licence. The number admitted during the year to the roll of pauper patients in private dwellings was 230, which is 48 less than last year. Of these, 103, or 17 less than last year, were resident in private dwellings when first reported to the Board and remained with our sanction under private care, and 127, or 31 less than last year, were removed from asylums. Of the total number of patients in private dwellings, 24 were certified sane during the year, 21 were removed from the poor-roll by their friends, 159 were

* Of these 35 patients 7 were resident in houses licensed for pauper patients.

removed to asylums, and 102 died—the death-rate being equal to 36 per 1000.

The following Table shows the number of pauper patients so provided for at 1st January 1901, and at 1st January of each subsequent fifth year to 1911, and for the three following years, distinguishing between those resident with related guardians and those resident with unrelated guardians.

Years.	Resident with Relatives.	Boarded with strangers.	Total.
1901	987	1,682	2,669
1906	976	1,776	2,752
1911	968	1,910	2,878
1912	984	1,917	2,901
1913	999	1,910	2,909
1914	981	1,852	2,833

It will be observed that the total number rose throughout the period embraced in the Table from 2669 in 1901 to 2909 in 1913, an increase during these thirteen years of 240, or 9 per cent. This year, however, the numbers have fallen to 2833.

This decrease has mainly taken place among the pauper insane boarded with unrelated guardians, the numbers of which had been steadily rising. The pauper insane thus boarded are those to whom alone the term "boarded out" is properly applicable. With few exceptions, they are patients who have been formerly inmates of asylums, from which they have been removed and placed as boarders under the private care of strangers while still in a condition of insanity. The numbers resident with relatives, however, have apart from small fluctuations shown very little change.

Private Dwellings Specially Licensed.

The tabular statements following show the number of private dwellings specially licensed for private and pauper patients, classified in accordance with the number of certified patients they contained, and the number and sex of the patients resident in each class at 31st December 1913 :—

(a) *Private Patients.*

Classes of Houses specially Licensed for Patients, containing at 31st December 1913.	Number of Specially Licensed Houses in each Class.	Number of Patients in each Class.		
		M.	F.	T.
Two Patients . .	5	1	5	6
Three Patients . .	3	...	3	3
Four Patients . .	17	1	18	19
Totals .	25	2	26	28

Some of these houses, as well as other private houses not licensed by the Board and not under their jurisdiction, contain uncertified private boarders who are mentally unstable.

(b) *Pauper Patients.*

Two Patients . .	402	301	336	637
Three Patients . .	163	109	281	390
Four Patients . .	65	38	185	223
Totals .	630	448	802	1250*

It will be seen from this statement that of all the pauper lunatics provided for in specially licensed houses, more than half are in houses which contain only two patients, and that of the patients accommodated in houses containing three or four patients, more then three-fourths are females.

General Reports on the Visitation of Patients.

We present, as usual, in Appendix C the general reports on the visitation of patients in private dwellings.

Mr. Commissioner Marr visited patients in private dwellings in the counties of Banff and Elgin, and part of Fifeshire. The number of patients seen by him was as follows:—In 17 parishes districts of Banff, 3 private and curatory patients, 58 single patients and 14 patients in specially licensed houses; in 12 parish districts of Elgin, 5 private and curatory patients, 46 single patients, and 6 patients in specially licensed houses; and in 6 parish districts in Fife, 6 private and curatory patients, 6 single patients, and 26 patients in specially licensed houses.

Dr. Marr says:—

"The three counties present somewhat dissimilar aspects of the boarding-out system. In Banff and Elgin the patients were chargeable, mainly, to the parishes and districts within the counties. In Fifeshire there were aggregations of boarded-out patients chargeable to large parishes outwith the county—a condition of affairs largely due to the proximity of Fife to the districts in question, and the facilities for boarding-out with successful results in this county. Visitation of the three counties afforded therefore wide views of the system. It is satisfactory to report on its continued advantages and success. The well-being of the individual patients varied, as is generally the case, with the character of the individual guardians, but the standard of comfort was uniformly good, and was especially noteworthy in those instances, and they were in the majority, where patients were boarded with guardians who were unrelated to them.

"In one case only was it considered necessary to take marked exception to the care afforded. The case in question was not one of the ordinary boarded-out patients but a curatory patient. Such patients are not certified, and the function of the visitation by the Board is

* Includes 7 private patients resident in houses licensed for paupers.

fulfilled by inquiry as to whether the care and accommodation are satisfactory and sufficient.

"The attention given by the Inspectors of Poor to the patients belonging to their several parishes was of a most commendable nature, and went far to ensure the success of the boarding-out system in the 3 counties visited."

Dr. Charles Macpherson, Deputy Commissioner, says :—

"On the whole the standard of care is well maintained. I had no reason to suspect an insufficient dietary in any case, and the patients were, generally speaking, clean and amply supplied with clothing. But there is no doubt a growing disinclination on the part of unrelated guardians to take unproductive patients, and to treat their patients as equals and as members of the family. This is undoubtedly due to a large extent to the greater frequency with which patients are placed to board at large and medium sized farms than was the case some years ago. In such houses patients are only taken to do work that would otherwise have to be done by hired labour. If they cannot do that there is an immediate demand for their removal. I must not be supposed to advocate the boarding-out of absolutely useless patients, and such as cannot do anything for themselves ; but, on the other hand, it is just as unreasonable that guardians should expect—as some of them do—that they should get men able to do a man's work, and instead of paying them wages get 7s. per week for keeping them. In one such farm visited this year, where there were two men, the guardian was clamorous for the removal of 1 of them because the 2 together were not capable of doing the entire work of byres containing 50 cattle. I freely admit that in most of these houses the patients are well housed and liberally fed, but too great a return is expected for this. If they could be got in sufficient numbers, the ideal home for most male patients would be the croft or small farm of 20 to 30 acres, where there is no hired labour required, but where a moderate amount of assistance would be appreciated. For female patients no homes are better than those with the wives or widows of labouring people in small villages. Under these circumstances the patients really become members of the family, and although worse housed and generally perhaps worse fed than the patients in the larger farm houses they are really much more happy and contented.

"For the first time for many years I have to report a considerable falling off in the number of patients boarded out. The falling off in the numbers removed from asylums to private houses is most marked in the case of 2 large parishes, and it is to be hoped is due to some passing cause and not to any change in policy. That it is not due to any difficulty in finding suitable homes is evident from the fact that in many of the licensed houses there are vacancies for patients, and the guardians eager to get them. The Board have always urged the boarding-out of all suitable patients in their own interest, and when in addition to that it is so clearly in the interest of the ratepayers, as the patients are usually provided for in private houses at less than half the cost of the providing and maintenance expenses in asylums, it is earnestly to be hoped that the falling off in numbers is only due to temporary and passing causes."

Dr. R. Cunyngham Brown, Deputy Commissioner, says :—"The considerable decrease in the number of patients resident in private

dwellings has been due to a combination of causes, namely, a slight increase in the death-rate, mainly from senile decay; a decrease of 10 in the number boarded out from establishments, and a decrease of 18 new cases intimated to the Board and left in the care of their relatives as compared with the numbers for the year 1912. The principal cause, however, of the fall in numbers in the districts covered by this report, was the unusually large number of removals from private dwellings to establishments (86) either on account of exacerbation of mental disorder or bodily illness, or illness or death among the guardians. There is fortunately no lack of good homes and excellent guardians willing to receive patients, and with an increased output of suitable patients from asylums to private dwellings the unavoidable removals to establishments could be more than compensated for, to the great gain of all concerned."

V. POSITION OF DISTRICTS.

For lunacy purposes Scotland is at present divided into the following Districts :—

Counties from which the different Districts are formed.	Lunacy Districts arranged geographically.
Shetland	1. Shetland District.
Orkney	2. Orkney. do.
Caithness	3. Caithness do.
Inverness, Nairn, Ross, and Sutherland.	4. Inverness do.
Elgin	5. Elgin do.
Banff	6. Banff do.
Aberdeen	7. Aberdeen County consisting of all the parishes of Aberdeenshire, except Aberdeen City Parish.
	8. Aberdeen City, consisting of the parish of that name.
Forfar and Kincardine	9. Forfar and Kincardine District, consisting of all the parishes of Forfarshire, except Dundee Combination, and of all the parishes of Kincardineshire except part of the Parish of Aberdeen in Kincardine.
	10. Dundee District, consisting of the Parish of Dundee Combination.
Perth	11. Perth District.
Stirling, Dumbarton, Linlithgow, and Clackmannan	12. Stirling do.
Fife and Kinross	13. Fife and Kinross District.
Edinburgh and Peebles	14. Edinburgh District, consisting of the Parish of Edinburgh.
	15. Leith District, consisting of the Parish of Leith.
	16. Midlothian and Peebles District, consisting of the remaining parishes of Midlothian and of the county of Peebles.
Haddington	17. Haddington District.
Roxburgh, Berwick, and Selkirk	18. Roxburgh do.
Lanark	19. Glasgow do. Consisting respectively of the parishes of the same names.
	20. Govan do.
	21. Lanark do. Consisting of the remaining parishes of Lanarkshire.

Counties from which the different Districts are formed.	Lunacy Districts arranged geographically.	
Renfrew	22. Paisley District.	Consisting of the Parish of Paisley.
	23. Renfrew do.	Consisting of the remaining parishes of Renfrewshire, including entire parishes of Cathcart and Eastwood, which are partly within Lanarkshire.
Argyll	24. Argyll do.	
Bute	25. Bute do.	
Ayr	26. Ayr do.	
Dumfries, Kirkcudbright, and Wigtown	27. Dumfries do.	

The pauper lunatics of the Shetland District are accommodated, under agreement, in the Royal Asylum at Montrose.

Pauper lunatics of the Orkney District are received into the Edinburgh Royal Asylum.

Under an agreement with the Managers of the Montrose Royal Asylum, pauper lunatics belonging to the Caithness District who need aslyum treatment continue to be sent to that establishment.

The pauper lunatics of the Inverness District, which includes the counties of Inverness, Nairn, Ross, and Sutherland, are accommodated in the District Asylum at Inverness and in the lunatic wards of Lewis and Long Island Poorhouses.

The Elgin District Asylum provides adequately for the wants of the District.

The Banff District is provided with accommodation in the asylum at Ladysbridge.

The pauper lunatics of the Aberdeen County Lunacy District, which consists of all the parishes of the county except Aberdeen City Parish, are accommodated in the Aberdeen Royal Asylum, under an agreement with the directors of the asylum, and in the lunatic wards of Buchan Poorhouse.

The pauper lunatics of the Aberdeen City Lunacy District are accommodated in the District Asylum at Kingseat.

The pauper lunatics of the Forfar and Kincardine Lunacy District are accommodated in the Montrose Royal Asylum under an agreement, and in the lunatic wards of the Kincardine Poorhouse at Stonehaven.

The pauper lunatics of the Dundee District are accommodated in the District Asylum at Westgreen and in the lunatic wards of the Dundee East Poorhouse, with the exception of over 40 patients who are temporarily accommodated in the Montrose Royal Asylum.

The District Asylum at Murthly and the lunatic wards of the Perth Poorhouse provide accommodation for the pauper lunatics of the Perth District.

The pauper lunatics of the Stirling District are accommodated in the District Asylum at Larbert and in the lunatic wards of the Linlithgow and Dumbarton Poorhouses.

The pauper lunatics of the counties of Fife and Kinross are provided for in the District Asylum at Springfield, near Cupar.

The Edinburgh District is provided with accommodation in the District Asylum at Bangour and temporarily in the Royal Edinburgh Asylum.

Leith District, which consists of the Parish of Leith, is supplied with asylum accommodation by the Royal Edinburgh Asylum.

The pauper lunatics of the Midlothian and Peebles District are accommodated in the District Asylum at Rosslynlee, and to a small extent in the lunatic wards of the Inveresk Combination Poorhouse.

The pauper lunatics of the Haddington District are accommodated in the Haddington District Asylum, and to a small extent in the lunatic wards of Inveresk Combination Poorhouse.

The Roxburgh District Asylum at Melrose provides accommodation for the pauper lunatics of the counties of Roxburgh, Berwick, and Selkirk.

The pauper lunatics of the Glasgow District, which consists of the Parish of Glasgow, are accommodated in the District Asylums of Woodilee and Gartloch.

The pauper lunatics of the Govan District are accommodated in the District Asylum at Hawkhead, Paisley, in the Kirklands Asylum at Bothwell, and in the lunatic wards of Govan Poorhouse.

The pauper lunatics of the Lanark District are accommodated in the District Asylum at Hartwood, Shotts, in the Kirklands Asylum at Bothwell, and in the lunatic wards of the poorhouse of Old Monkland.

The pauper lunatics of the Paisley District are accommodated in the District Asylum at Riccartsbar, and in the lunatic wards of the poorhouse at Craw Road.

The pauper lunatics of the Renfrew District are accommodated in the District Asylum at Dykebar, and in Greenock Parochial Asylum.

The pauper lunatics of the Districts of Argyll and of Bute are accommodated in the District Asylum at Lochgilphead.

The pauper lunatics of the Ayr District are accommodated in the Ayr District Asylum and in the lunatic wards of the Cuninghame Combination Poorhouse.

The pauper lunatics of the Dumfries District, which consists of the counties of Dumfries, Kirkcudbright, and Wigtown, are accommodated in the Crichton Royal Institution and in the lunatic wards of the Wigtownshire Poorhouse.

VI. WANT OF ACCOMMODATION FOR THE POORER CLASS OF PRIVATE PATIENTS.

We entered into a full discussion of this subject in our Thirty-Ninth and Fifty-Fourth Annual Reports.

The number of private patients in District Asylums has been steadily increasing. At 1st January 1895 it was 143, and at 1st January 1914, 319. In addition to these patients there is a considerable and increasing number of patients who are in the asylum as pauper patients, but who repay the entire cost of their maintenance to the parishes to which they are nominally chargeable, and who, therefore, should properly appear as private patients. The numbers

referring to this class include a few who may be placed under some circumstances of emergency temporarily in asylums as pauper patients, the cost of whose maintenance is immediately refunded by relatives; but the great majority are patients who are permanently in the asylum on the footing of paupers under an arrangement between relatives and the parishes through which they are sent.

The following Table shows for the years 1912–13 and 1913–14 the number of patients of each of these classes privately paid for in each of the District Asylums of Scotland :—

District Asylum.	Number of Private Patients.		Number of Pauper Patients whose Maintenance was wholly Repaid.		Total.	
	1st Jan. 1913.	1st Jan. 1914.	15th May 1912.	15th May 1913.	Year 1912-13.	Year 1913-14.
Aberdeen . .	...	1	4	3	4	4
Argyll . . .	28	27	6	8	34	35
Ayr . . .	30	31	16	19	46	50
Banff . . .	6	6	9	9	15	15
Dundee . .	...	...	5	1	5	1
Edinburgh . .	3	7	11	12	14	19
Elgin . . .	4	8	5	4	9	12
Fife . . .	8	8	34	26	42	34
Gartloch . .	...	1	7	7	7	8
Woodilee . .	1	3	18	12	19	15
Govan . . .	16	18	13	12	29	30
Haddington . .	11	10	...	...	11	10
Inverness . .	3	4	21	21	24	25
Kirklands . .	...	...	3	3	3	3
Lanark . . .	79	78	38	30	117	108
Midlothian . .	37	36	5	5	42	41
Paisley . . .	18	17	38	1	56	18
Perth . . .	5	4	11	32	16	36
Renfrew . .	...	...	4	14	4	14
Roxburgh . .	27	21	20	3	47	24
Stirling . .	36	39	2	17	38	56
	312	319	270	239	582	558

It will be observed from this Table that at 1st January 1914 there were 319 private patients in District Asylums, formally registered as such, and at 15th May 1913 (the latest date available for the class), there were 239 patients registered as pauper patients, but wholly maintained by their relatives or from other private sources, making in all 558. The services rendered by District Asylums in this respect will be seen to vary greatly, the results shown being largely dependent upon the amount of accommodation not required for pauper patients which an asylum may possess at any particular time. During the past year the number of private patients registered as such has risen from 312 to 319, while the number of those patients who are maintained wholly by their relatives but who are registered as

pauper patients has fallen from 270 to 239. There can be no doubt that the small number of private patients in District Asylums is due to the necessity for refusing to admit such patients or of calling for their removal to make room for pauper patients. This happened in the case of Inverness District Asylum, where the number of private patients fell during the last five years from 15 to 4, while the number of nominal paupers increased from 11 to 21. This must have entailed considerable hardships in a district such as Inverness, where there are no means of obtaining private treatment nearer than Aberdeen. The position of the registered private patients in all District Asylums is precarious, as their removal must be demanded whenever the beds occupied by them are required for pauper patients.

VII. COST OF DISTRICT ASYLUMS.

The constant demand for additional accommodation for the insane, the large scale on which it has been found necessary in many cases to provide it, and the magnitude of the expenditure involved, have been the subject of much discussion. We have for long urged upon District Lunacy Boards that all asylum buildings should be of the utmost simplicity compatible with efficiency for their special purpose, and that no expenditure should be incurred on external ornament or in other similar directions which are contrary to a strict economy, and which in no way contribute to the amelioration of the condition of the insane. We have reason to think that these views will have the effect of diminishing the cost of asylums, especially where they are erected as detached and more or less independent buildings of comparatively small size, as such buildings do not offer inducements to the creation of special architectural effects which large and lofty structures to some extent call for in the desire to avoid unattractive elevations. There are, however, many things about asylums less obvious than architectural features but more costly, and which are absolutely indispensable; and notwithstanding our efforts towards economy, asylums still remain institutions of an exceptionally expensive character. It is, however, not an easy matter to arrive at a conclusion as to what is really the cost of an asylum, and in what the cost specially consists. Questions on the subject are frequently put to us, and especially questions with regard to the comparative cost of asylums, which are exceedingly difficult if not impossible to answer except with reservations and explanations which for practical purposes leave the answer of little value. Among the many causes which render such comparisons in most cases useless, the following may be mentioned: (1) Some asylums possess a considerable extent of land, others very little. In some cases, owing to the time at which the site was acquired, or to the high price of land ruling in special localities, the price of the site has been so great as to form a large part of the cost of the whole establishment; in others, with a wide choice of locality and with plenty of land in the market, the price has been low. (2) The cost of building appears to vary greatly in different parts of Scotland, the differences being probably due to the high wages necessary to obtain workmen who can easily obtain other work nearer their homes, or to the varying degree of difficulty in obtaining suitable

stone, and the varying facilities for the transport of stone and other building materials. (3) Not only are comparisons between buildings erected in one part of the country with those erected in another part apt to be fallacious, but the cost of buildings erected in one year cannot safely be compared with those erected in another, even in the same locality, as the rate of wages and of building materials undergo material change with time as well as with locality. This renders futile comparison of the cost of new buildings with that of old buildings. (4) Asylums are not all equally and at one time furnished with the various appliances and arrangements now regarded as necessary for a completely equipped establishment. One may be furnished with hospitals specially designed for the care of those requiring nursing and other special forms of treatment, another may arrange for these requirements by what may be described as a makeshift; one may have provided nurses' and attendants' homes, mortuary rooms, including arrangements for *post-mortem* examinations and laboratory research, or a farm steading, or a separate chapel, or special arrangements necessitated by situation for water supply, or electric light. In others these and similar things are not provided, and in some cases, in the special circumstances of the asylum, certain of these arrangements may not be called for; but it is easy to see how fallacious comparisons would be which omitted to take such facts into account. (5) Another circumstance which renders it impossible to determine the cost of an asylum with anything like finality arises from the fact that the number of beds—the only proper measure of cost—seldom or never remains the same for any considerable time, and with every increase in numbers the cost per bed falls. Asylums, especially the newer and larger asylums, have been so planned as to enable them eventually in many departments to provide for a much larger number of patients than the buildings as originally completed could contain. The expense, for instance, of land, water, drainage, farm buildings, roads, superintendent's house, administrative buildings, kitchen, stores, workshops, amusement hall, lighting, etc., will not require to be provided afresh for future extensions unless they happen to be on a much more extensive scale than was originally contemplated. In most cases, especially in the case of new asylums recently erected, large extensions of accommodation for patients may be made at a cost probably not exceeding one-fourth of the cost per bed calculated on the cost of the asylum as originally designed. Even in the case of two asylums originally of the same size and erected at about the same time and the same cost, differences in the cost per bed may soon show themselves from the fact of the one asylum filling rapidly and the other not. Taking all these considerations into account, it will be obvious that comparisons as to cost are futile, because they rest upon conditions which are not the same in any two asylums, and which even in the case of any one asylum are shifting from year to year. Owing to these changes, large unnecessary outlays in the original cost of an asylum may, in the course of time, be lost sight of, and another asylum, originally erected with a greater regard to economy, may appear as equally costly, or even as more costly.

It is true that instructive information may be obtained by ascertaining the cost at which buildings for special purposes have

been erected at various asylums, such as the cost of villas for patients, separate hospitals of different kinds, nurses' homes, attendants' cottages, etc. The outlay on these in individual cases, provided all the circumstances are known and allowed for, may afford useful information free from most of the difficulties attending the larger inquiry. But in view of the many sources of error to which attention has been called, there is probably no better method of estimating the comparative cost of asylums, as a whole, than by measuring such cost by the amount which the ratepayer has to pay to meet the entire outlay. The cost of an asylum can thus be traced from year to year, and it forms a perfectly reliable measure of cost, because it is wholly real and omits nothing.

Tables on this subject were first given in our Forty-First Report, in which the comparative cost of the District Asylums was somewhat fully discussed,* and similar Tables have been given in subsequent years with more abbreviated remarks.

Estimated Cost as Shown by Assessments.

The annual assessments for lunacy purposes, which form the basis for the figures in the following Table I., are levied on lands and heritages within Lunacy Districts which possess District Asylums. They include interest on all sums borrowed to purchase land, and to build or add to asylums, together with instalments in repayment of principal sums borrowed (which must be repaid within thirty years from the time of borrowing), and also such smaller outlays in connection with the building as it is thought desirable to pay off year by year. In this Table the amount of these assessments in all Scotland, for each year included in it, has been divided by the average number of patients resident during that year in District Asylums, and the result shows in column 2 the average amount assessed for per occupied bed. In making the calculations in this Table no assessment of the kind made at any time has been omitted.

* Forty-First Annual Report, pp. l.–lvi.

TABLE I.

Showing for all District Asylums in Scotland (1) the average number of patients resident in each year named, (2) the amount of assessment for providing accommodation per head of patients resident, (3) the expenditure for the maintenance of each patient, and (4) the total cost per patient :—

Years.	Average Number of Patients Resident in District Asylums.	Annual Assessment per Patient to provide Land and Buildings.			Net Annual Cost per Patient of Food, Clothing, Management, &c.			Total Cost per Patient.		
	1.	2.			3.			4.		
		£	s.	d.	£	s.	d.	£	s.	d.
1868–1869	1,132	27	8	2		..			..	
1878–1879	2,553	12	3	2		..			..	
1888–1889	2,996	10	16	2	23	10	0	34	6	2
1889–1890	3,057	12	5	4	24	2	8	36	8	0
1890–1891	3,148	13	4	3	23	8	8	36	12	11
1891–1892	3,223	12	15	11	23	11	4	36	7	3
1892–1893	3,290	13	1	9	23	14	10	36	16	7
1893–1894	3,346	15	2	7	22	10	4	37	12	11
1894–1895	3,462	14	5	1	23	1	10	37	6	11
1895–1896	3,951	14	18	8	23	11	4	38	10	0
1896–1897	4,319	14	15	8	23	7	10	38	3	6
1897–1898	4,898	15	6	4	24	12	6	39	18	10
1898–1899	5,304	14	15	8	25	1	10	39	17	6
1899–1900	6,353	15	18	9	25	5	7	41	4	4
1900–1901	6,561	16	6	8	26	18	1	43	4	9
1901–1902	6,759	16	14	1	25	17	10	42	11	11
1902–1903	7,064	17	9	3	25	16	5	43	5	8
1903–1904	7,239	19	7	9	27	3	5	46	11	2
1904–1905	8,240	18	7	3	26	15	1	45	2	4
1905–1906	8,392	20	0	3	25	15	9	45	16	0
1906–1907	8,793	19	9	3	26	1	1	45	10	4
1907–1908	9,236	18	3	9	26	12	5	44	16	2
1908–1909	9,395	18	10	1	26	6	11	44	17	0
1909–1910	9,829	18	10	6	26	0	11	44	11	5
1910–1911	10,036	18	3	7	26	9	1	44	12	8
1911–1912	10,260	17	12	1	26	2	4	43	14	5
1912–1913	10,353	17	9	11	27	3	9	44	13	8

The first of the District Asylums which may be regarded as having been erected as an immediate consequence of the passing of the Lunacy Act of 1857 was opened in 1863, and the last of that original group in 1874. Expenses in connection with the erection of these asylums were necessarily incurred for many years before they were ready for the reception of patients, and even after they were opened several years would elapse during which the accommodation provided would only be partially occupied. Thus in 1868–69 the earliest year embraced in the Table, when there were only 1132 patients resident in District Asylums, the outlay on asylum lands and buildings, when calculated on the number of patients resident, shows the

high average of £27 8s. 2d. Ten years after this period the expenses connected with providing asylums had fallen to £12 3s. 2d. per head of the patients resident, and ten years subsequent to that, in 1888–89, to £10 16s. 2d., though during these periods many additions to the accommodation must have been made. Since that period, large additional expenditure has occurred from year to year through the provision of new asylums for Glasgow, Govan, Edinburgh, Aberdeen, Dundee, and Renfrew. The Table shows that to May 1913 the pauper lunatics of Scotland maintained in District Asylums were costing the country a yearly rent per bed of £17 9s. 11d., which, added to the average cost for the food, clothing, and management of the patients at that date, gives the total cost of pauper lunatics in all District Asylums as £44 13s. 8d. per patient.

This is a heavy charge, but it is proper to bear in mind that asylums closely resemble ordinary hospitals both in regard to accommodation and management, and high though the Asylum Expenditure under both these heads is, it is believed that the cost under both will be found to be much below similar figures for general hospitals.

The following Table II. is based, like Table I., on the assessments on counties and burghs to defray the cost of land and buildings. It shows for each District Asylum included in the Table the year in which the asylum was opened or became a District Asylum, the number of patients accommodated, and the assessment per patient for the year 1891–92, and for each subsequent year up to 1912–13.

TABLE

ASSESSMENTS on Counties and Burghs to defray Cost of Land instalments in repayment of principal sums borrowed)

Years.	DISTRICT											
	Aberdeen (Kingseat). (Opened 1904.)		Argyll. (Opened 1863.)		Ayr. (Opened 1869.)		Banff. (Opened 1865.)					
	No. of Patients.	Assessment per Patient.	No. of Patients.	Assessment per Patient.	No. of Patients.	Assessment per Patient.	No. of Patients.	Assessment per Patient.				
		£ s. d.		£ s. d.		£ s. d.		£ s. d.				
1891–92	..	..	371	14 0 4	351	2 17 0	129	13 9 2				
1892–93	..	..	373	10 19 10	359	2 15 9	130	8 17 6				
1893–94	..	..	383	11 4 7	398	6 5 8	140	8 5 0				
1894–95	..	..	398	11 6 2	422	5 18 6	141	3 16 5				
1895–96	..	..	411	11 8 9	429	5 16 7	145	7 12 5				
1896–97	..	..	414	11 16 9	442	5 13 1	149	2 7 1				
1897–98	..	..	421	10 16 2	450	6 13 4	153	2 5 4				
1898–99	..	..	440	10 9 1	483	7 4 11	155	4 15 10				
1899–1900	..	..	446	11 12 9	498	7 0 7	155	5 1 10				
1900–1901	..	..	434	8 7 6	488	7 3 5	163	3 5 8				
1901–1902	..	..	433	9 1 9	480	7 5 10	164	4 1 10				
1902–1903	..	..	428	8 11 4	514	6 16 2	171	5 8 4				
1903–1904	..	..	432	7 19 9	520	6 14 7	175	5 12 3				
1904–1905	..	..	447	8 2 5	513	6 16 5	180	8 2 0				
1905–1906	..	..	435	8 12 5	496	7 1 2	175	7 16 11				
1906–1907	414	22 19 11	464	8 0 2	492	7 2 3	176	7 14 0				
1907–1908	410	24 8 4	464	7 6 7	514	6 16 2	173	7 14 7				
1908–1909	417	23 3 2	463	7 11 2	530	9 8 8	184	7 3 5				
1909–1910	440	21 17 10	448	7 9 7	535	9 6 11	177	6 15 10				
1910–1911	448	20 19 10	440	7 12 3	544	9 3 10	174	6 4 7				
1911–1912	457	20 16 8	459	6 9 8	551	9 1 6	171	5 14 2				
1912–1913	459	20 11 4	459	6 3 4	551	9 1 6	173	6 16 9				

* Elgin Asylum, formerly part of Gray's Hospital.

In all cases the figures relating to the first few years after the opening of the asylums have been omitted, as asylums have in most cases taken a considerable time to fill, and calculations based upon the number of patients in very early years after their opening would be misleading. The asylums first erected were all small and wanting in many of the requirements which would now be regarded as necessary to a properly equipped asylum. Some of these deficiencies have been more or less completely supplied in subsequent years. The cost per bed, however, even in these older asylums, remained high for some years owing to the slowness with which they filled. In the case of the oldest asylums the original debt has been extinguished, but the assessments have been maintained, and even in some cases increased, while debt was being extinguished, through the necessity for enlargement and reconstruction. The cost of extensions, necessary improvements, and reconstructions has been in some cases, and notable in the case of the Midlothian and the Roxburgh District Asylums, so great as to equal, if not to surpass, the original outlay. Hence the cost per bed has in many cases risen of late years, notwithstanding the increase of numbers accommodated. The rise and fall of assessments, which sometimes appear from year to year, are probably due to more than usually extensive repairs or to outlays for new buildings and reconstructions of a minor character which District Boards have chosen to assess for at once rather than to meet by borrowing.

II.

and Buildings in the case of the Asylums named (including per head of Patients accommodated in each Year named.

ASYLUMS.

Dundee.			Edinburgh.			Elgin.*			Fife. (Opened 1866.)			Gartloch. (Opened 1896.)		
No. of Patients.	Assessment per Patient.		No. of Patients.	Assessment per Patient.		No. of Patients.	Assessment per Patient.		No. of Patients.	Assessment per Patient.		No. of Patients.	Assessment per Patient.	
	£ s.	d.		£ s.	d.		£ s.	d.		£ s.	d.		£ s.	d.
..	..		..	..		141	7 1	10	426	7 0	10	..	..	
..	..		..	..		148	5 1	4	442	6 15	9	..	..	
..	..		..	..		158	5 5	1	446	6 14	6	..	..	
..	..		..	..		153	4 14	9	443	9 0	7	..	..	
..	..		..	..		156	4 17	5	448	6 13	11	..	..	
..	..		..	..		156	5 9	0	471	6 7	5	..	..	
..	..		..	..		156	5 9	0	488	6 14	0	..	..	
..	..		..	..		152	6 8	7	515	6 15	11	466	30 15	5
..	..		..	..		158	6 0	3	522	7 1	9	470	31 0	8
..	..		..	..		182	5 9	10	533	6 11	4	522	29 6	10
..	..		..	..		180	5 11	1	534	7 9	10	568	27 9	8
..	..		..	..		174	4 14	10	547	7 6	3	613	29 7	3
..	..		..	..		172	5 16	3	562	7 2	4	636	32 7	10
369	16 10	9	..	..		172	6 7	11	567	7 18	9	681	31 2	8
385	16 13	9	..	..		172	6 7	11	583	8 11	6	702	40 14	10
393	16 6	7	..	..		176	5 13	8	587	8 13	9	722	30 9	5
394	16 5	4	712	31 12	8	175	5 14	4	596	9 7	11	752	30 3	9
386	17 4	10	736	35 11	11	165	5 9	1	607	9 7	10	761	30 4	6
405	17 2	3	747	37 4	4	159	5 19	6	630	8 14	7	770	20 15	7
411	17 18	8	762	36 14	11	158	5 7	7	631	8 14	4	777	32 3	6
424	18 6	6	802	35 16	5	165	4 6	1	640	7 10	0	786	22 18	0
425	19 7	1	818	35 13	11	154	5 10	5	650	7 4	7	778	23 2	9

was acquired as a District Asylum in 1858.

TABLE II.

DISTRICT

Years.	Woodilee.† (Opened 1875.)			Govan. (Opened 1895.)			Haddington. (Opened 1866.)			Inverness. (Opened 1864.)			Lanark. (Opened 1895.)		
	No. of Patients.	Assessment per Patient.		No. of Patients.	Assessment per Patient.		No. of Patients.	Assessment per Patient.		No. of Patients.	Assessment per Patient.		No. of Patients.	Assessment per Patient.	
		£ s. d.			£ s. d.			£ s. d.			£ s. d.			£ s. d.	
1891–92	..	..		..	..		126	5 11 1		486	6 19 11		..	..	
1892–93	..	..		..	..		125	6 8 0		484	5 13 8		..	..	
1893–94	..	..		..	..		128	6 5 0		410	6 14 2		..	..	
1894–95	..	..		..	..		130	5 0 0		433	6 7 0		..	..	
1895–96	..	..		..	..		139	3 19 2		457	7 6 7		..	..	
1896–97	..	..		..	..		146	4 3 7		489	5 10 5		428	27 14 5	
1897–98	..	..		..	..		144	5 4 2		518	5 15 10		468	29 13 10	
1898–99	..	..		404	28 10 5		141	4 12 2		544	6 17 10		522	28 9 0	
1899–1900	736	22 1 0		467	26 0 5		143	4 17 7		570	9 6 0		634	25 13 3	
1900–1901	818	19 15 8		452	27 9 7		135	5 18 10		583	9 1 10		690	25 3 10	
1901–1902	856	19 0 2		458	39 1 11		142	5 12 8		590	9 3 1		741	23 12 1	
1902–1903	889	19 18 8		483	36 1 1		153	5 11 1		602	9 9 4		834	20 11 3	
1903–1904	879	26 7 10		480	36 9 7		161	5 11 10		637	10 4 1		877	19 11 1	
1904–1905	913	20 11 10		520	37 5 10		161	10 8 11		654	10 17 2		897	19 2 5	
1905–1906	947	21 12 11		511	40 12 8		154	7 2 10		665	10 16 6		890	18 18 8	
1906–1907	981	26 10 1		551	36 16 8		151	7 18 11		674	10 4 9		884	19 1 3	
1907–1908	1042	17 5 6		564	34 11 9		155	10 0 0		662	10 5 5		904	18 15 0	
1908–1909	1062	14 13 9		579	31 14 7		156	10 5 2		691	10 2 7		933	18 8 8	
1909–1910	1086	21 14 7		606	31 18 7		154	11 13 9		680	10 5 11		892	19 2 9	
1910–1911	1106	12 13 2		634	30 1 1		147	12 4 11		691	10 4 1		932	19 7 9	
1911–1912	1140	17 10 11		652	28 5 10		152	10 15 8		675	10 4 5		955	18 16 8	
1912–1913	1125	17 15 7		660	27 1 8		167	9 14 0		679	9 12 11		964	18 13 5	

† Woodilee Asylum was opened in 1875 as a Parochial Asylum, and there was no Lunacy Assessment under the
‡ The original debt on the Stirling Asylum was paid off by a few large assessments soon after its erection, and no

It may be proper to explain here that the number of patients accommodated has been taken as the measure of cost, rather than the estimated bed accommodation of each asylum. This has been done on account of the great difficulty in arriving at the true capacity of asylums owing to constant changes resulting from rearrangement of existing accommodation, its adaptation to purposes for which it was not intended, and the disproportions occurring between day-room and dormitory space. It should, however, be kept in view that an overcrowded asylum appears as cheaper than it should appear, while in cases in which there is vacant accommodation, the assessment per patient may make the asylum appear at a disadvantage as regards cost when compared with an equally expensive asylum which is fully occupied.

—continued.

ASYLUMS—(*continued*).

Midlothian. (Opened 1874.)		Paisley.		Perth. (Opened 1864.)		Renfrew.		Roxburgh. (Opened 1872.)		Stirling.‡ (Opened 1869.)	
No. of Patients.	Assessment per Patient.	No. of Patients.	Assessment per Patient.	No. of Patients.	Assessment per Patient.	No. of Patients.	Assessment per Patient.	No. of Patients.	Assessment per Patient.	No. of Patients.	Assessment per Patient.
	£ s. d.		£ s. d.		£ s. d.		£ s. d.		£ s. d.		£ s. d.
235	12 15 4	..	..	315	9 16 10	..	..	210	17 17 2	433	7 17 1
233	23 12 1	..	..	310	7 1 11	..	..	227	16 10 5	459	8 14 4
231	21 12 11	..	..	316	6 19 3	..	..	237	15 16 5	499	9 0 4
223	19 1 2	..	..	318	6 5 9	..	..	242	15 9 11	559	8 1 0
233	16 1 11	..	..	318	6 5 9	..	..	242	15 9 11	561	8 0 5
236	14 16 7	..	..	333	6 0 1	..	..	259	15 8 11	571	9 9 2
229	15 5 8	..	..	342	6 8 8	..	..	264	17 19 10	610	8 3 11
234	17 1 11	..	..	362	6 1 7	..	..	286	17 9 8	600	9 3 4
243	20 11 6	..	..	364	6 0 11	..	..	303	16 10 0	644	9 6 4
248	24 3 10	..	..	358	6 14 1	..	..	298	15 18 10	657	9 14 10
262	25 15 3	..	..	366	7 18 6	..	..	304	13 9 9	681	9 10 11
295	24 11 6	..	..	371	7 5 7	..	..	308	12 19 9	682	9 10 7
334	22 9 1	..	..	376	7 19 7	..	..	317	14 3 11	681	9 10 11
336	20 1 9	..	..	373	8 0 10	..	..	314	15 12 1	686	10 4 1
333	16 10 4	..	..	370	9 9 2	..	..	314	17 10 4	685	10 4 5
328	13 14 5	..	..	372	8 1 3	..	..	318	20 8 10	692	10 16 9
320	14 1 3	..	..	382	7 17 1	..	..	320	21 5 0	697	12 1 1
321	17 2 8	..	..	381	7 17 6	..	..	318	22 6 7	705	12 8 3
324	16 19 6	..	..	380	7 17 11	..	..	312	22 15 2	714	12 5 1
327	15 5 10	..	..	376	7 19 7	..	..	310	22 18 1	731	11 19 5
327	15 5 10	..	..	373	8 0 10	..	..	311	23 9 5	748	11 13 11
332	15 16 3	194	12 4 4	373	6 14 0	311	35 7 5	314	23 4 11	767	11 8 2

Lunacy Acts until after it became a District Asylum in 1898.
assessment was subsequently levied until 1890–91, when such became necessary owing to large extensions.

It will be understood that the figures in this Table give no indication of the actual burden on the ratepayer. That depends upon the valuations upon which the assessments are imposed, and may be higher in some of the cheapest asylums than in others in which the cost of providing the asylum has been greatest.

Providing and Maintenance Rates.

The following Table III. shows for District Asylums the average number of patients resident during the year 1912–13, the expenditure per head for providing accommodation, the expenditure per head for the maintenance of patients, and the total cost per patient.

TABLE III.

Asylums.	Average Number of Patients Resident.	Providing Expenses per Patient.			Net Maintenance Expenses per Patient.			Total Cost per Patient.		
	1.	2.			3.			4.		
		£	s.	d.	£	s.	d.	£	s.	d.
1. Aberdeen	459	20	11	4	27	17	1	48	8	5
2. Argyll	459	6	3	4	24	10	11	30	14	3
3. Ayr	551	9	1	6	26	14	2	35	15	8
4. Banff	173	6	16	9	21	0	8	27	17	5
5. Dundee	425	19	7	1	28	1	8	47	8	9
6. Edinburgh	818	35	13	11	27	12	9	63	6	8
7. Elgin	154	5	10	5	26	2	7	31	13	0
8. Fife	650	7	4	7	26	17	11	34	2	6
9. Gartloch	778	23	2	9	30	5	0	53	7	9
10. Woodilee	1,125	17	15	7	28	2	1	45	17	8
11. Govan	660	27	1	8	28	11	9	55	13	5
12. Haddington	167	9	14	0	26	8	7	36	2	7
13. Inverness	679	9	12	11	26	19	11	36	12	10
14. Lanark	964	18	13	5	23	7	1	42	0	6
15. Midlothian	332	15	16	3	28	2	6	43	18	9
16. Paisley	194	12	4	4	26	16	1	39	0	5
17. Perth	373	6	14	0	26	14	4	33	8	4
18. Renfrew	311	35	7	5	29	4	10	64	12	3
19. Roxburgh	314	23	4	11	32	0	5	55	5	4
20. Stirling	767	11	8	2	26	3	5	37	11	7
Averages	..	16	1	3	27	3	9	43	5	0

It will be seen from this Table that the present payment towards providing accommodation is on the average £16 1s. 3d., varying from £5 10s. 5d. in the Elgin Asylum to £35 13s. 11d. in the Edinburgh Asylum; that the average present cost of maintaining the patients is £27 3s. 9d., varying from £21 0s. 8d. in the Banff Asylum to £32 0s. 5d. in the Roxburgh Asylum; and that the present total average cost per patient in the whole group is £43 5s. 0d., at the two extremes being Banff with a total cost of £27 17s. 5d., and Renfrew with a total cost of £64 12s. 3d. The cost of maintenance does not vary so greatly as the cost of providing accommodation, and it is the latter figure which therefore chiefly determines variations in the total cost.

Some of the asylums embraced in the foregoing Tables accommodate private patients. These are comparatively few in number, and the rates of board paid are sometimes little, if at all, in excess of the rates paid for pauper patients. In cases where a profit is made it is applied equally in the reduction of building and maintenance rates. The figures upon which the calculations are made, therefore, include private patients.

VIII. EXPENDITURE FOR MAINTENANCE OF PAUPER LUNATICS.

The expenditure by the Parish Councils of each county, on account of pauper lunatics, is given in Table XXII. (Appendix A), for the year ending 15th May 1913. From this Table it appears that, for the maintenance of 19,139 pauper lunatics, who were under care for longer or shorter periods during the year, in asylums, lunatic wards of poorhouses, and private dwellings, and for other expenses connected with them, a total sum of £432,534 was paid; of which £346,422 was for maintenance in asylums (including Institutions for Imbecile Children), £19,351 was for maintenance in lunatic wards of poorhouses, £54,429 was for maintenance in private dwellings, and £12,332 was for certification, transport, and other expenses. Of this expenditure £23,378 was repaid by relatives and others, and £116,389 was contributed from the Local Taxation Account, in terms of Section 22 of the Local Government (Scotland) Act, 1889, and of Section 2 of the Education and Local Taxation Account (Scotland) Act, 1892. The net expenditure by Parish Councils on the maintenance of patients was thus £292,767, which is £3,871 more than the expenditure of last year.

The following statement shows the average annual expenditure for the maintenance of pauper lunatics for each period of five years, beginning with 1864–1868 and ending with 1905–1909, and for the years 1909–1910, 1910–1911, 1911–1912, and 1912–1913, extracted from Table XXIII., and also the average annual number * of patients relieved in each period :—

Years.	Asylums, including Institutions for Imbecile Children.		Lunatic Wards of Poorhouses with Restricted Licenses.		Private Dwellings.		Cost of Certificates, Transport, &c.	Total.	
	Average No. of Patients relieved.	Expenditure.	Average No. of Patients relieved.	Expenditure.	Average No. of Patients relieved.	Expenditure.		Average No. of Patients relieved.	Expenditure.
1864–1868	3,007	£73,416	979	£19,241	1,547	£15,157	£4,400	5,533	£112,214
1869–1873	4,200	105,018	613	10,952	1,474	16,345	4,806	6,287	137,121
1874–1879	5,127	138,278	616	12,790	1,401	17,787	4,809	7,144	173,664
1880–1884	6,220	164,001	699	13,793	1,599	22,554	6,188	8,518	206,536
1885–1889	6,572	169,720	829	15,835	2,125	32,574	6,654	9,527	224,783
1890–1894	7,355	184,564	869	16,558	2,497	40,007	8,193	10,721	249,322
1895–1899	8,584	217,507	872	16,011	2,682	44,515	9,529	12,138	287,562
1899–1904	10,011	274,514	1,075	22,009	2,688	46,877	9,787	13,774	353,187
1905–1909	11,392	314,532	866	16,987	2,764	50,228	11,285	15,023	393,032
1909–1910	12,020	325,972	820	17,290	2,836	52,008	10,996	15,676	406,266
1910–1911	12,227	333,669	829	17,185	2,859	53,882	10,958	15,915	415,694
1911–1912	12,540	342,347	849	18,159	2,908	54,627	12,362	16,297	427,495
1912–1913	12,676	346,422	847	19,351	2,914	54,429	12,332	16,437	432,534

The Act of 1857 had for one of its main objects the provision of sufficient accommodation for pauper lunatics, which was then either

* The average number of patients relieved is the number of patients who received relief *for a whole year*, that is, it is arrived at by taking the total number of days for which relief was given for each year and dividing that number by 365.

wholly wanting or deficient in almost every county in Scotland, and it was not until the close of the quinquenniad 1874–79 that the Act can be considered to have attained its object in this direction. The results shown in the later years included in the Table cannot therefore be instructively compared with those shown in the earlier years. But comparing the average results shown by the quinquenniad 1880–84, when the legislation of 1857 may be regarded as having taken full effect, with the results shown by the latest year included in the Table, it will be found that the expenditure on patients in asylums has increased from £164,001 to £346,422, or 111 per cent.; in the Lunatic Wards of Poorhouses from £13,793 to £19,351, or 40 per cent.; in Private Dwellings from £22,554 to £54,429, or 141 per cent.; and that the whole expenditure increased from £206,536 to £432,534, or 109 per cent.

It will be seen, however, from the following statement of the annual expenditure per patient that the increased total expenditure from the quinquenniad 1874–1879 up to the quinquenniad 1890–94 was due solely to an increase of numbers, and not to a larger expenditure on each patient. Since 1895–1899 a tendency to rise has on the whole been shown.

Year.	Expenditure per Patient.											
	In Asylums, including Institutions for Imbecile Children.			In Lunatic Wards of Poorhouses with Restricted Licenses.			In Private Dwellings.			Total average Cost per Patient.		
	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.
1859–1863	23	17	3	17	11	7	8	13	1	18	11	6
1864–1868	24	8	4	19	13	1	9	15	11	20	6	1
1869–1873	25	0	1	17	17	4	11	1	9	21	16	6
1874–1879	26	19	5	20	15	3	12	13	11	24	6	5
1880–1884	26	7	4	19	14	8	14	2	1	24	5	5
1885–1889	25	16	6	19	1	0	15	6	7	23	12	5
1890–1894	25	1	10	19	1	1	16	0	5	23	5	3
1895–1899	25	6	5	18	7	1	16	12	0	23	13	7
1899–1904	27	8	3	20	9	3	17	9	1	25	12	8
1905–1909	27	12	4	19	12	11	18	3	4	26	3	4
1909–1910	27	2	5	21	1	8	18	6	9	25	18	3
1910–1911	27	5	9	20	14	7	18	16	11	26	2	5
1911–1912	27	6	0	21	7	9	18	15	8	26	4	8
1912–1913	27	6	7	22	16	11	18	13	7	26	6	4

Average Annual Expenditure.

It is necessary to bear in mind that the expenditure, as given in Table XXIII. of the Appendix, refers only to the cost of maintenance which is borne in the first instance by the poor-rate, and contributed to by the State and the relatives of paupers. It does not take into account the expenditure incurred in the erection of asylums. These expenses are defrayed out of special assessments on all Lunacy Districts in which District Asylums have been provided, as already explained on pages lviii lxii. In the case of patients boarded in Royal Asylums, or in District or Parochial Asylums not connected with the parishes

to which the patients are chargeable, an addition to the charge for maintenance is made in most cases, in consideration of the accommodation having been provided by the institution, but this addition does not bear any definite relation to the actual cost of the accommodation.

The contributions towards the maintenance of pauper lunatics made by relatives and obtained from other private sources are shown in the second last column of Table XXII. These contributions on the whole show a steady increase. In 1859 they amounted to £1877, in 1880–81 to £9290, in 1890–91 to £11,687, and in 1912-1913 to £23,378.

Contributions from State Funds.

The annual Parliamentary Grant in aid of the cost of maintenance of pauper lunatics, first given for the year 1874–75, ceased in 1889, and its place was taken by a fixed contribution towards the cost of maintenance of pauper lunatics of £90,500, in terms of Section 22 of the Local Government (Scotland) Act, 1889. This contribution towards the cost to parishes of maintaining pauper lunatics was supplemented by a further fixed contribution of £25,000 under Section 2 of the Education and Local Taxation Account (Scotland) Act, 1892.

These contributions are distributed among Parish Councils by the Secretary for Scotland, as nearly as may be in the manner in which the annual Parliamentary Grant was distributed. In allocating the Grant, all expenditure over 8s. a week is excluded. Expenditure under and up to 8s. a week is treated as "admissible expenditure," and the Grant is apportioned upon such expenditure at so much per £ as far as it will go. For the year 1891–92, the State contribution was equal to about 4s. 7¾d. per week for each patient, however provided for, for whose maintenance a sum was paid equal to or exceeding 8s. a week. From that sum the contribution has steadily fallen with the increased number of patients to 2s. 11d. for this year, which is ¼d. less than the previous year.

The contributions from State funds towards the maintenance of pauper lunatics, for each year from their commencement, are shown in the following Statement :—

Contributions from State Funds towards Maintenance of Pauper Lunatics.

For the year ending		For the year ending		Approximate Weekly Contribution per Patient from 1892.
				s. *d.*
14th May 1875	£59,483	14th May 1892	£115,574	4 7¾
,, 1876	62,637	,, 1893	115,717	4 7
,, 1877	65,470	,, 1894	115,789	4 6
,, 1878	68,533	,, 1895	115,407	4 4
,, 1879	71,272	15th May 1896	115,761	4 3
,, 1880	73,833	,, 1897	115,778	4 2
,, 1881	76,856	,, 1898	115,736	4 0
,, 1882	79,711	,, 1899	115,885	3 10
,, 1883	81,495	,, 1900	115,920	3 9
,, 1884	83,089	,, 1901	115,849	3 8
,, 1885	85,111	,, 1902	116,005	3 7

For the year ending		For the year ending		Approximate Weekly Contribution per Patient from 1892.
				s. *d.*
14th May 1886	£87,164	15th May 1903	£116,116	3 6
,, 1887	88,258	,, 1904	115,992	3 4¾
,, 1888	89,072	,, 1905	116,086	3 3¾
,, 1889	91,335	,, 1906	115,972	3 3¼
,, 1890	90,474	,, 1907	116,202	3 2¾
,, 1891	90,450	,, 1908	115,712	3 1¾
		,, 1909	116,270	3 1½
		,, 1910	115,793	3 1
		,, 1911	116,219	3 0
		,, 1912	115,767	2 11¼
		,, 1913	116,389	2 11

Cost of Maintenance.

The average daily cost of maintenance of pauper patients in the different classes of establishments for the nine years 1904–05 to 1912–1913 is shown in Table XXIV. (Appendix A). The general average rate is shown by the Table to be 1s. 5¼d. a day, which is the same as last year.

Table XXV. (Appendix A) shows, from returns furnished by Inspectors of Poor, the average daily rate of maintenance paid by Parish Councils for each mode of providing for pauper lunatics in each county during the year ending 15th May 1913, and the proportion in which each mode is adopted in each county. It appears from this Table that the daily cost of maintaining pauper lunatics in asylums, in licensed wards of poorhouses, and in private dwellings, varies considerably in the different counties.

As regards asylums, the lowest average daily cost per head for a county is 1s. 2¼d. and the highest is 1s. 10¼d., which, calculated for the year, would be £21 13s. 5¼d. and £33 16s. 9¼d.

In licensed wards of poorhouses, the lowest daily cost for a county is 11½d. and the highest is 1s. 7d., or £17 9s. 9½d. and £28 17s. 11d. per annum.

As regards private dwellings, the lowest average daily cost for a county is 8¼d. and the highest is 1s. 2¾d., or £12 10s. 11¼d. and £22 8s. 7¾d. per annum.

Table XXVI. (Appendix A) shows the present rates of board for pauper lunatics in each of the various classes of establishments, and the minimum rates for private patients in Royal and District Asylums.

From this Table it appears that the minimum rates of board at which pauper patients are received in the Royal or Chartered Asylums range from £24 per annum in the Crichton Royal Institution, to £34 10s. in the Edinburgh Royal Asylum. In District Asylums the rates for patients belonging to the respective districts range from £21 5s. 10d. in the Banff Asylum to £31 4s. 0d. in the Glasgow (Gartloch) District Asylum.

The rates of District Asylums may be regarded as showing in these establishments the actual cost of the maintenance of patients as distinguished from the cost of their lodging. It is proper, therefore, when comparing these rates with those in Royal and Parochial

Asylums, to keep in view that the expense of erecting and fitting up is in District Asylums defrayed out of county assessments; whereas in the case of Royal Asylums it is defrayed either out of endowments, or out of the profits derived from keeping private patients, or out of the board charged for paupers; and in the case of Parochial Asylums, *i.e.*, lunatic wards of poorhouses with unrestricted licenses, it is defrayed out of the poor-rate, and is now taken more or less into account in the estimated cost given in the Table. In the rates given as representing the cost in the lunatic wards of poorhouses, which range from £17 3s. 5d. in Buchan Poorhouse to £31 9s. 5d. in Lewis Poorhouse, the cost of the buildings is also to some extent taken into account.

The great differences in the estimated cost of patients shown in some instances between one establishment and another in the case of Lunatic Wards of Poorhouses, are not accounted for by differences in these establishments in regard to dietary or accommodation.

Cost of Buildings.

Table XXVII. shows the expenditure by District Boards of Lunacy during the financial year 1912–1913, on lands, buildings, and furnishings of District Asylums, and other expenses connected therewith.* It refers entirely to expenditure on pauper lunatics paid out of county assessments, as distinguished from the expenditure which is met by poor-rates levied on parishes.

Column 11 of the Table shows that the net outlay on District Asylums during the year 1912–1913 for land, buildings, and furnishings, &c., was £107,058.

Column 12 of the Table shows that the amount of money borrowed by District Lunacy Boards on the security of assessments, to provide land and buildings, and remaining unpaid at 15th May 1913, was £1,461,874; and Columns 13 and 14 show that the total assessments on lunacy districts to provide the interest on sums borrowed, to repay instalments of principal, and to repair and maintain buildings, &c., amounted for the year ending 15th May 1913 to £182,149, of which £86,598 was applied to reduction of debt.

Cost of Food, Clothing, etc.

Table XXVIII. shows in detail the expenditure on the maintenance and management of pauper lunatics in each District Asylum during the financial year 1912–1913, and the net cost at which the patients of each asylum are maintained. The average cost of maintenance and management per patient for the year 1912–1913 is £27 5s. 2d., and after a deduction of farm profits, &c., the average net cost is £26 3s. 4d., which shows a decrease in the net cost of 5s. 9d. per patient as compared with the previous year. The expenditure under such heads of these Tables as embrace articles produced by asylum farms and gardens is liable to be more or less affected by varying estimates of value, but as an over or under estimate of the value of farm produce would only have the ultimate effect of increasing or diminishing the apparent profit on the farm account, they cannot affect the "net maintenance expenses," which are stated under deduction of farm profits. The following statement shows the total expenses per patient, as shown by the Table, in all District Asylums for the year 1912–1913, and the expenses under the six heads specified.

* See pages lvi–lxii of this Report.

No.	Year 1912–1913. District Asylum.	Food.			Tobacco (per male patient).			Wines, Spirits, and Malt Liquors.			Clothing, Boots & Shoes.			Salaries and Wages.			All other Expenses.			Total Maintenance Expenses, without deduction of profit on Farm, &c.*		
		£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.
1	Aberdeen	10	1	2	0	9	4	0	0	10	1	17	3	7	10	5	8	18	4	28	13	2
2	Argyll	10	10	1	0	10	7	0	0	1	1	8	2	6	19	0	5	9	5	24	12	1
3	Ayr	10	7	5	0	12	9	0	0	5	1	8	6	8	19	7	6	4	7	27	7	1
4	Banff	10	6	0	0	11	3	0	2	9	1	7	9	6	4	1	5	18	2	24	4	5
5	Dundee	10	12	3	0	12	10	0	0	2	1	7	7	8	6	4	8	17	6	29	9	9
6	Edinburgh	11	3	7	0	10	9	0	0	6	1	8	11	8	12	3	7	10	2	29	0	6
7	Elgin	11	7	5	0	18	6	0	4	11	1	16	1	7	7	5	6	5	6	27	9	6
8	Fife	11	1	10	0	11	2	0	0	4	2	1	11	7	2	2	8	1	2	28	12	7
9	Glasgow (Gartloch)	10	2	9	0	9	8	0	0	3	1	10	2	9	17	4	8	2	0	29	17	8
10	Glasgow (Woodilee)	11	6	2	0	11	2	0	1	4	1	17	2	8	5	11	6	15	8	28	12	1
11	Govan	10	17	2	0	14	6	0	1	0	1	18	10	9	2	0	7	15	6	30	2	1
12	Haddington	11	9	6	0	17	10	0	2	8	2	0	0	6	7	5	9	2	4	29	9	8
13	Inverness	12	5	4	0	13	11	0	1	3	1	15	7	7	11	3	6	7	9	28	8	6
14	Kirklands	9	14	3	0	11	11	0	2	10	1	11	10	8	16	4	7	7	11	27	19	8
15	Lanark	9	11	1	0	9	0	0	1	7	1	12	7	7	10	5	5	11	8	24	12	2
16	Midlothian	11	5	10	0	8	6	0	2	9	1	9	3	8	14	2	7	17	5	29	13	9
17	Paisley	10	12	10	0	11	0	0	2	4	1	5	3	8	7	11	7	16	1	28	9	8
18	Perth	10	17	3	0	9	6	0	1	4	1	6	1	8	5	11	7	13	11	28	9	5
19	Renfrew	10	15	6	0	11	6	0	0	3	1	8	9	7	15	5	8	18	6	29	4	2
20	Roxburgh	12	18	7	0	12	2	0	0	3	1	13	9	9	10	1	8	17	1	33	5	11
21	Stirling	10	7	3	0	12	11	0	0	5	1	9	11	8	3	4	6	8	7	26	16	8
	Average	10	15	10	0	11	6	0	1	0	1	12	8	8	4	0	7	5	0	28	4	4

* These calculations, and those in the following Table, are made upon the average numbers of patients actually resident.

This statement shows that in the year 1912–1913 the highest expenditure under the head of Food was £12 18s. 7d. per patient, in the Roxburgh Asylum; and the lowest £9 11s. 1d., in Lanark Asylum, which is £1 4s. 9d. below the average of all District Asylums.

The following statement shows the expenditure per patient in District Asylums during each of the last ten years under the same heads as those given in the previous statement:—

Years.	Food.			Tobacco (per Male patient).			Wines, Spirits, and Malt Liquors.			Clothing, Boots and Shoes.			Salaries and Wages.			All other Expenses.			Total Maintenance Expenses, without deduction of Profit on Farm, &c.*		
	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.
1903–1904	10	19	0	0	10	7	0	2	1	1	17	9	7	14	11	6	15	6	27	13	7
1904–1905	10	17	11	0	10	9	0	2	0	1	19	9	7	16	4	6	10	7	27	11	11
1905–1906	10	11	4	0	10	5	0	1	9	1	16	3	7	18	11	6	1	9	26	15	4
1906–1907	10	6	0	0	10	3	0	1	8	1	19	11	7	17	6	6	7	4	26	17	8
1907–1908	10	11	11	0	10	2	0	1	5	1	13	7	7	16	7	7	0	9	27	9	6
1908–1909	10	13	3	0	10	2	0	1	5	1	12	7	7	19	1	6	12	8	27	4	1
1909–1910	10	17	0	0	11	7	0	1	5	1	13	2	8	0	3	6	7	10	27	5	8
1910–1911	10	15	11	0	11	6	0	1	4	1	12	10	7	19	6	6	12	0	27	7	7
1911–1912	10	13	8	0	11	6	0	1	2	1	12	5	7	19	6	6	12	5	27	5	2
1912–1913	10	15	10	0	11	6	0	1	0	1	12	8	8	4	0	7	5	0	28	4	4

* The difference between the sum shown in the last column, and that shown by the addition of the figures in the columns preceding it, arises from the fact that the "Total Maintenance Expenses" are calculated upon the total number of patients resident, while in the case of the column headed "Tobacco," the cost is calculated on the number of male patients only.

The expenditure naturally fluctuates somewhat from year to year, but while the gross expenditure fell gradually until the year 1893–94, there has since then been on the whole an increase. Comparing the first year included in the Table with the last, it will be seen that the main rise has occurred under "Salaries and Wages."

Quantities and Prices of Food, etc.

Table XXIX. shows the quantity per inmate (including patients and officers and servants partially or wholly boarded) of each article of consumption in regard to which we have separate figures, supplied to each asylum during the year 1912–1913; and also the price at which each article has been supplied, whether by purchase or from the asylum lands, the price in the latter case being an estimate. The quantities given are derived from the weight or measure assigned to each article by the voucher which accompanied its delivery at the store.

Table XXX. shows the quantity of each article supplied to District Asylum stores from each asylum farm and garden, and the prices at which the various articles have been estimated.

Table XXXI. shows under various heads the receipts during the year 1912–1913 of District Asylum farms and gardens from produce sold or supplied to the asylum, the expenses in detail during these years, and the profit on each year's transactions.

In comparing the various amounts of profits shown, it is necessary to take into consideration the different estimates of the value of the produce supplied to the asylums.

IX. DANGEROUS LUNATICS.

The following Statement shows the number of persons sent to asylums as dangerous lunatics in each of the ten years 1904–1913, at the instance of the Procurator-Fiscal, under the provisions of the 15th Section of 25 & 26 Vict. cap. 54:—

1904	8	1909	1
1905	3	1910	1
1906	4	1911	1
1907	1	1912	2
1908	1	1913	0

The figures in this statement do not disclose the extent to which the provisions of the Section dealing with dangerous lunatics are taken advantage of. In the majority of cases in which proceedings are begun under that Section, an undertaking is given at an early stage of the procedure, by an Inspector of Poor or some person interested, that arrangements will be made for the safe custody of the lunatic which will be satisfactory to the Sheriff. In these cases an engagement that the patient will be placed in an asylum on a Sheriff's order, obtained in the ordinary way, is usually regarded by the Sheriff as "an arrangement to his satisfaction," and no further procedure under the Section takes place. The patient remains in the asylum as an ordinary patient to whom the statutory provisions relating to persons confined as "dangerous lunatics" do not apply. This pro-

cedure saves unnecessary expenditure and prevents the creation of obstacles to the discharge of patients in many cases which from their nature require no greater precautions than are called for in regard to the discharge of all unrecovered patients. The insanity of persons against whom proceedings are instituted as "dangerous lunatics" does not usually differ from the insanity of persons committed to asylums in the ordinary way. They fall into the hands of the police frequently under circumstances such as might occur in the case of almost any lunatic who is friendless, or has become suddenly insane, or whose case does not happen to have been brought under the notice of parochial authorities. In many cases with which the police are called on to deal, and where no serious act has been committed, the patient is simply handed over to the care of the parochial authorities or of his friends, and no procedure whatever is taken under the Section in question. In other cases the circumstances are such as to make it desirable that the preliminary steps prescribed by the Section dealing with dangerous lunatics should be instituted, so as to give the Sheriff an opportunity of judging as to whether the lunatic should be confined as a dangerous lunatic or not, and in a few of these cases it is found to be of advantage for the public safety that the Sheriff should commit the lunatic in such a way that, unless he recovers his sanity, he cannot be discharged without consent of the Procurator-Fiscal. We have had no reason to think that the statutory provisions in regard to dangerous lunatics do not secure the safety of the public as far as is practicable.

Insane persons who are charged with crime do not fall under the jurisdiction of this Board unless the criminal charge is departed from; but we have, in most cases, information with regard to the character of such charges and the procedure that follows. This procedure has often been so diverse as to suggest that insufficient means are taken to secure that each case shall be disposed of in the manner most suitable to the circumstances. Instances have occurred in which insane persons who have committed serious crimes have been sent to ordinary asylums, either as "dangerous lunatics," under Section 15 of the Lunacy Amendment Act, 1862, or even as ordinary patients under Section 14 of that Act. Objections have naturally been raised to this course by asylum authorities, and the Crown has now regulated, in accordance with our recommendation, that such persons shall in the first place be removed to the Criminal Lunatic Department at Perth.

X. ALIEN LUNATICS.

During 1913, 35 pauper lunatics were removed from Scotland, as having no settlement in that country. Of these patients, all of whom were removed from asylums, 15 were sent to England, and 20 to Ireland.

XI. LUNATICS UNDER JUDICIAL FACTORS.

At the end of December 1913 there were 1105 persons reported to us by the Accountant of the Court of Session as under Judicial Factory in consequence of mental unfitness for the management of

their affairs. This number is exclusive of some of the cases in which the means of the wards have been exhausted, though the Factory has not been formally discharged by the Court.

These persons were disposed of in the following way :—

695 were in asylums in Scotland ;
325 were in private dwellings in Scotland under the care either of relatives or unrelated guardians ; and
85 were resident either in asylums or private dwellings beyond the direct jurisdiction of the Board.

Of the 85 who were beyond the direct jurisdiction of the Board, 32 were in asylums in England, 36 were in private dwellings in England, and 4 in Ireland. Of the remainder, 1 was resident in Australia, 6 in Canada, 2 in the United States of America, 1 in Germany, 2 in New Zealand, and 1 in South Africa.

All patients resident in Scotland whose estates are under the management of Judicial Factors were visited by our officers during the year, except some whose position and circumstances were otherwise satisfactorily known, and in whose cases visitation was thought undesirable.

XII. REVIEW OF LUNACY ADMINISTRATION SINCE 1857.

As the Mental Deficiency and Lunacy (Scotland) Act, 1913, which was passed last year, and which comes into force on the 15th May of the present year, not only modifies and extends our powers and duties but also changes our designation, this is the last report which we shall present as the General Board of Commissioners in Lunacy for Scotland.

We thought it fitting, therefore, both as a matter of public interest and as a tribute to the labours of our predecessors, to insert in this report a review of some of the more important advances in the treatment of the insane which have occurred in Scottish Lunacy Administration since the institution of the Board in 1857.

On the 9th April 1855, a Royal Commission was appointed to inquire into the condition of lunatic asylums in Scotland and the existing state of the law in reference to lunatics and lunatic asylums. The Commission consisted of Mr. A. E. Monteith, Sheriff of Fife (chairman); Mr. James Coxe, M.D.; and Messrs. Samuel Gaskell and William George Campbell, two of the Commissioners in Lunacy for England; with Mr. John Burn Murdoch as secretary. The Commission met at Edinburgh on 1st May 1855, and proceeded to issue requisitions addressed to various public authorities, calling for information on all matters which it appeared to them necessary to investigate. After obtaining further information by the examination of a large number of witnesses, as well as by the inspection of existing institutions for the care of the insane, they presented their Report early in the year 1857. We learn from this Report that the total number of the insane in Scotland, as ascertained from the various sources of information at the disposal of the Commission, was 7403. Of these, 3328 were under the special protection of the existing law, viz.: in royal asylums, 2123; in other asylums, 40; in licensed wards of poorhouses, 423; in licensed private asylums, 657; in private dwellings, 41; in prisons, 29; and in schools for imbecile children, 15. The 4075 insane persons not under the cognizance or protection of the law were distributed as follows: in unlicensed poorhouses, 253; in private houses, 3798; and in unlicensed private asylums, 24.

The Royal Commission in their Report give a detailed account of the manner in which these various classes of the insane were treated and cared for. Reviewing generally the condition of the royal asylums, the Commissioners state that it is gratifying to be able to report that "they are in many respects in a highly satisfactory state, and that the large amount of accommodation which they afford to private patients is duly appreciated by the public." With regard to the licensed houses or smaller asylums they remark, "Proprietors of some houses receiving patients belonging to the upper class of society are men of education and well-fitted by professional training to have the management of institutions for the insane. But as a class those who receive pauper patients are totally unfit for the proper discharge of the highly responsible and delicate duties they undertake." After inquiry into the care and treatment of the insane in various poorhouses throughout the country, the Commissioners remark that "there is an unfavourable tendency to place the insane in poor-

houses on the ground of economy," and they proceed as follows: "The advantage of economy to the parish is entitled to very little consideration when weighed against the evil consequences to the patient. Indeed, it is by no means uncertain that this argument of economy in the case of poorhouses receiving all kinds of patients is entirely delusive, for it is clear that if by injudicious treatment the malady becomes incurable instead of being cured the patient must remain a permanent burden on the community, and thus the apparent saving may in the end prove a positive loss." With regard to the general condition of the insane in private dwellings they remark: "Reviewing generally the facts now made known as to the condition of the insane and idiotic not in asylums, it is obvious that a large amount of misery prevails throughout Scotland in this respect. The details furnished by us give only an imperfect representation of the true state of matters. They form only part of the picture of misery, and had we been able to extend our investigations it would, we are convinced, have assumed a much darker shade. We possess little or no information as to the condition of those who have no one to take charge of them. Although the inhabitants of the districts may generally show kindness to those unhappy persons, they doubtless are exposed to much suffering and privation, and occasionally end their days in a condition inconceivably wretched."

Number 18 of the recommendations of the Commission is to the following effect: "The Crown to appoint a Board invested with due authority and to whom the general supervision of the insane in Scotland shall be entrusted; including powers to license houses for the reception of the insane; to visit all asylums, licensed houses, poorhouses, and houses containing only single patients; to order the removal of patients to or from an asylum or from one asylum to another; to give leave of absence to convalescent patients; to regulate the diet in asylums and licensed houses for pauper patients; to make regulations for their management, etc., etc., with directions to report to the Secretary of State of the Home Department."

Immediately following the report of the Royal Commission, the Lunacy Act of 1857 was passed through both Houses of Parliament and received the Royal Assent. The first meeting of the new General Board of Lunacy created under that Act was held at Edinburgh on the 4th November 1857. The Board was composed of the following members: Viscount Melgund (afterwards third Earl of Minto), Chairman; Sir A. C. Gibson-Maitland, Bart.; Mr. George Young (afterwards Lord Young), Sheriff of Inverness; Mr. James Coxe, M.D.; and Mr. W. A. F. Browne, M.D.; Sir A. Gibson-Maitland was succeeded as a member of the Board by Mr. George Moir, Sheriff of Stirling, before the issue of the first report of the Board on the 28th January 1859. Mr. A. W. Cockburn, M.D., and Mr. Arthur Mitchell, M.D., were Deputy Commissioners, and Mr. Wm. Forbes was secretary to the Board.

The Board on coming to office were confronted with the problem of insufficient asylum accommodation to meet the requirements of the insane under their jurisdiction, and also with the fact that a large proportion of the patients in private dwellings throughout the country were living under unfavourable conditions. Their first endeavour, therefore, was to improve the circumstances of the insane in private dwellings to legalise their position, and to institute regulations for

their supervision and care. From the Board's action in this respect arose the system familiarly known as "boarding-out." In a sense the term is misleading, for only a portion of the insane in private dwellings have been removed from asylums and boarded out in private dwellings; a considerable minority of them had never been in asylums.

I. The Care of the Insane in Private Dwellings.

The system of caring for insane patients in private dwellings in Scotland arose from the circumstance that about the time of the passing of the Act of 1857 there were nearly 4000 insane persons resident in private dwellings of the existence of whom the Board, after its institution, had obtained cognizance. By Section 112 of the Act of 1857 an Inspector of Poor is bound to intimate to the Board the name and residence of every pauper lunatic within his parish. Section 95 of the same Act gives power to the Board to dispense with the removal of any pauper lunatic to an asylum, and makes it legal for the parish authorities to provide for him under such conditions and regulations as may be laid down by the Board. With the exception of a few patients confined in private houses by order of the Sheriff, upon two medical certificates, all the other patients in private dwellings throughout the country were, in the year 1857, under no official sanction or legal protection, and the only means of rendering their position legal was for the Board to obtain from Inspectors of Poor under Section 95 of the Act a petition, statement, and one medical certificate upon which they granted dispensation from removal to an asylum.

At the time of the publication of the First Report of the Board the Commissioners and Deputy-Commissioners had not completed their survey of the number of lunatics throughout the country. We have, therefore, to turn to the Second Report, from which we find that on the 1st of January 1859, there were 7878 lunatics in Scotland of whom the General Board had cognizance. Of these, 4014 were in establishments, and 3764 were in private dwellings. Of the latter number, 1887 were private patients, and 1877 were paupers. With regard to the patients in private dwellings the Commissioners remark (Second Report, page xl.): "The chief objects which we had in view in our visitations were, first, to procure the removal to asylums of such patients as there were reasonable grounds for thinking were still capable of being restored to sanity, or, at all events, of being improved in mental health; secondly, the removal of those who, from the nature of their malady or from the circumstances in which they were placed, there was reason to fear might prove dangerous to themselves or others; and lastly, the removal of those who, from their mental or physical ailments could not be properly cared for at home. Another equally important object was, as far as possible, to ensure the proper treatment of those patients whose removal to asylums was dispensed with." It is clear from these remarks and from similar remarks in subsequent Reports that the object of the Commissioners was to weed out the unsuitable patients residing in private dwellings by removing them to asylums, and leaving a residuum of suitable patients in private dwellings, which residuum formed the nucleus of the existing "boarding-out" system in Scotland. As, however, the greater proportion

of the private patients were living under the care of relatives, and consequently did not fall under the provisions of the Act, it was found impossible to insist upon their removal even in those cases where their care and treatment were unsatisfactory.

The attitude of the Board in the first two years of its existence towards the question of the residence of the insane in private dwellings is not clear. In their First Report, dated 28th January 1859, they remark as follows: "We deem it right in justice to the parish authorities and the relatives of the patients freely to state that the large proportion of the single cases are treated with great kindness and consideration. It is on this fact that rests our chief hope of the success of the cottage system of accommodation, should it be considered proper by District Boards to give it a trial as an adjunct to their district asylums. For, if kind and humane treatment be extensively found in cottages, even under the present system of imperfect supervision, there is every reason to think that, under the immediate superintendence of the asylum officers, it could be so fostered in growth as to open up a prospect of escape from the many questions that are every year rendering the care and management of the insane poor a problem of more difficult solution." It may be inferred from the foregoing quotation that the Commissioners contemplated the removal of at any rate the greater number of the insane from private dwellings to asylums, and in addition a scheme of cottage homes in the neighbourhood of each asylum for the residence of patients and under the supervision of the asylum authorities. In the Twelfth Report, dated 25th February 1870, there occurs, however, the following passage: "We consider that it is impossible, and that it would be impolitic if it were possible to gather together in asylums all persons of unsound mind. . . . Supposing, for the sake of argument, that it was desirable, for their own good, to place and permanently retain all pauper lunatics in asylums, such a course would, as we have already said, be found impracticable. On the one hand, objections would be made by relatives; and, on the other, the burden on the ratepayers would prove insupportable." From this it would appear that in the twelve years intervening between the publication of the First and Twelfth Reports the views of the Board had materially altered with regard to the desirability of fostering the system of boarding out a section of the insane in private dwellings.

In the year 1862 an amending Lunacy Act was passed which gave power to the Board "to grant special licences to occupiers of private houses for the reception and detention therein of lunatics, not exceeding four in number, subject to such rules and regulations as they may appoint" (Section 5). In the year 1866 a second important Lunacy Amendment Act was passed for Scotland. Section 9 of that Act gave power to Parish Councils to remove pauper lunatics from asylums by Minute of the Council, and Section 10 of the same Act made it obligatory on Inspectors of Poor to intimate to the Board within fourteen days, the removal of the patient, the situation of the house in which he had been placed, the name of the guardian or occupier of the house, and the amount of the allowance made on behalf of the lunatic by the Parish Council. By Section 18 of the same Act the powers of the Board were extended to embrace lunatics detained in private dwellings under the sanction of the Board. Notwithstanding

these legal enactments the number of the pauper insane in private dwellings continued to decrease from the year 1859 until, in the year 1876, it fell to 1381. After that year the number rose steadily until, in 1913, it reached 2909. It is probable that the fall in the numbers in the earlier years was due to two causes—the gradual elimination of unsatisfactory cases and the erection of many new asylums in districts in which asylum accommodation was previously either entirely wanting or deficient. The rise in the number of the insane in private dwellings after 1876 is almost certainly due to the fact that in the previous year the Government Grant to Parish Councils in aid of the cost of the maintenance of pauper lunatics was first given. This Grant which applies equally to pauper lunatics in asylums and in private dwellings, amounted in the earlier years to practically half of the cost of maintenance of each patient, and it had a considerable effect in inducing Parish Councils, especially in the poorer and more remote parts of the country, to place many patients on the register of lunatics whom they would not, in other circumstances, have officially recognised as insane or admitted to Poor Relief. Many of the latter cases were mental defectives residing with their relatives. It is interesting to observe the changes during fifty years in the proportion of pauper lunatics in private dwellings residing respectively with relatives and with strangers.

TABLE I.

Year.	Pauper Lunatics.		Total.
	Living with Friends.	Living with Strangers.	
1861	1,384	403	1,787
1871	963	501	1,464
1881	906	610	1,516
1891	1,043	1,446	2,489
1901	987	1,682	2,669
1911	968	1,910	2,878

It will be observed that in recent years patients residing with relatives have tended to fall in number since the year 1891, while those boarded with strangers have increased continuously up to the present time. Most of the latter class had formerly been inmates of asylums and had been transferred from these institutions to private dwellings. The increase in the number of pauper lunatics in private dwellings during the last thirty years has largely arisen from the systematic removal of unrecovered patients from asylums, carried out mainly by the large urban parishes such as Dundee, Edinburgh, Glasgow, and Govan. It must, however, be admitted that in the earlier part of this period the removal of patients to private care was due less to the recognition of a sound administrative principle than to the fact that the limited amount of asylum accommodation rendered this form of relief necessary.

At the present time the insane in private dwellings, as far as regards the class of house in which they reside, are distributed as follows: Taking the year 1912 it is found that 1730 pauper patients were

" single patients " residing singly in private houses either with relatives or with strangers. Where only 1 patient is received a special licence is not required, although the patient is kept with the sanction and under the supervision of the Board. The following tabular statement shows the number of private dwellings specially licensed for pauper patients, classified in accordance with the number of patients they contain and the number and sex of the patients residing in each class at 31st December 1912 :—

TABLE II.

Pauper Patients.

Classes of Houses specially Licensed for Patients, containing at 31st December 1912.	Number of Specially Licensed Houses in each Class.	Number of Patients in each Class.		
		M.	F.	T.
Two Patients . .	403	317	354	671
Three Patients . .	154	107	304	411
Four Patients . .	61	32	177	209
Totals .	618	456	835	1291

It will be seen from the Table that of the 618 licensed private dwellings, 403, or more than two-thirds of the whole, are houses which contain only 2 patients. The houses which are licensed to receive 3 patients are considerably fewer, and those licensed to receive 4 patients number only 61, about one-tenth of the whole. The policy of the Board has all along tended to restrict the number of patients kept in specially licensed houses unless the circumstances are exceptionally favourable. In no case is an inexperienced guardian permitted to receive more than 2 patients, and permission to receive 3 or 4 is only subsequently given upon the recommendation of the Deputy Commissioners. The Board has all along insisted that the patients placed in private dwellings should, as far as possible, share in the life of the household, should have the use of the living-rooms occupied by the sane inmates, and take their meals at the same time and, if possible, at the same table as their guardian. Experience has shown that these conditions are more easily attained in houses having only 1 or 2 inmates than in those which have 3 or 4 patients. Of the 2901 pauper patients in private dwellings in the year 1912, 1917 were boarded with strangers and 984 were boarded with relatives. Of those boarded with strangers 626 were single patients, that is to say 1 patient in a house ; the others were distributed as stated in the foregoing Table. The specially licensed class of house is, therefore, becoming of greater importance as a means of providing for the insane poor, and if the system undergoes still further development it will doubtless be in this direction that expansion will occur.

The increase which has occurred in the number of patients boarded with strangers, that is to say, with persons who were not by the ties of relationship their natural guardians, did not arise from any preference on the part of the Board for unrelated persons rather than relatives as guardians. When the home of a pauper lunatic is in a

crowded town it is often found unadapted for his residence ; the house itself may be too small, and egress to the open air restricted, because the conditions of urban life make it undesirable that the majority of patients should go out alone ; the occupations of the relatives may also make it difficult for them to give that attention to the patient which is required ; it also occasionally happens that the relatives are not kindly and sometimes, though kindly. that they are not capable guardians. These and other such circumstances may render the home unsuitable for a patient even when his relatives are kindly and capable of performing the duties of guardianship. For reasons such as these the Board and the parochial authorities have favoured the transference of many patients from their homes or from asylums to the care of unrelated persons.

It has all along been recognised by the Board that there is generally in asylums an undesirable accumulation of patients who have ceased to require the special arrangements of an asylum. The reason for the continued detention of such patients in the relatively more expensive method of asylum care are three in number, namely : (*a*) indifference on the part of the authorities ; (*b*) the difficulty in procuring any other method of care ; and (*c*) doubts as to the sufficiency of the care which may be taken of the patient in private dwellings. The Board have, during the last fifty years, endeavoured to remove these objections, and in particular they have attached great importance to the efficient supervision of patients in private dwellings as a means towards facilitating the removal of a large number of patients from asylums to private dwellings after asylum treatment had become unnecessary. The patients for whom provision is now made in private dwellings consist in a much larger proportion than formerly of patients removed from asylums. Of the pauper patients added to the register of patients in private dwellings during the five years, 1860 to 1864, only 27 per cent. were discharged from asylums; during the five years, 1908 to 1912, the corresponding proportion was 58 per cent. A much larger proportion of such patients is now under the guardianship of unrelated persons than formerly. The average number of those so provided for in the five years, 1680 to 1864, was only 23 per cent. of the whole number of boarded-out patients ; and in the five years, 1908 to 1912, the average number was no less than 66·1 per cent.

As pauper lunatics began to be discharged unrecovered from asylums in increasing numbers, homes had often to be found for them with unrelated guardians, and to this is mainly due the formation and gradual growth of such aggregations as exist in the Counties of Argyll, Ayr, Fife, Inverness, Lanark, Perth, and Stirling. The authorities of the larger urban parishes found in such localities many families, especially in villages, so circumstanced as to be fitted to receive pauper lunatics as boarders. The houses in these localities were found larger than was necessary for the requirements of the family. They usually possessed gardens or crofts which provide occupation for the patients, and the neighbourhoods were quiet, rural, and healthy. The periodical inspection of guardians and patients under such conditions was also easier for the parochial authorities than the inspection of patients scattered over wider areas.

Within certain limits there has not been found any objections to those aggregations, but, as has been frequently stated in the Annual

Reports of the Board, they are not regarded as beneficial. In this respect the attitude of the Board has been directed not to encourage their development but to prevent their undue growth. The great majority of pauper lunatics in private dwellings are not, however, gathered in groups or aggregations either large or small, but are resident within an area in the neighbourhood of the parish to which they belong.

The guarantee for the proper care and treatment of pauper lunatics in private dwellings is one of the most important matters connected with this branch of lunacy administration in Scotland. Its essential feature is the obligation placed upon every Inspector of Poor to give intimation to the Board of every pauper lunatic in his parish as soon as such lunatic becomes known to him. If the patient is not to be sent to an asylum, application has to be made to the Board for their sanction to the manner in which the patient is to be provided for. This application is accompanied by a statement of particulars showing the circumstances of the case, the state of the patient, and the position of the guardian, with two medical certificates showing the nature of the patient's insanity and the sufficiency of the arrangements made for his care and treatment. When a house is specially licensed for from two to four patients the Board require an application from the Inspector of the parish to which the lunatic belongs, containing a description of the situation and accommodation of the house, the name of the guardian, and the number of ordinary inmates. Accompanying this application is a medical certificate as to the fitness of the house for the reception of patients and of the occupier to act as guardian.

The supervision exercised by the parochial authorities consists of at least two annual visits by the Inspector of Poor and four annual visits by the local medical officer. These officials record in a visiting book kept in each house for each patient, the date of their visits, and a number of particulars relative to the condition of the patient and the way in which the duties of the guardian are performed. All pauper lunatics in private dwellings in Scotland are visited at least once a year by one of the Visiting Commissioners of the Board, but it has been the practice for many years for the patients in aggregations or villages to be visited twice a year. The Visiting Commissioner examines the visiting book kept in the house into which the parochial officials have made their entries, and he reports to the Board upon the patient, gives his opinion of the care and treatment of the case, and of the fitness of the patient to continue to reside in a private dwelling. This report is made for each patient separately upon a case record on which all previous reports are entered, and on which is also recorded briefly the previous history of the patient as far as it may be known. In every case in which unsatisfactory conditions are reported to the Board, steps are taken to correct what is unfavourably reported on, and if necessary removal to an asylum is ordered by the Board. It will be seen from this statement that the Board has a very complete knowledge of the condition and history of every pauper lunatic in private dwellings, and in practice the guarantees for proper treatment are found to be ample.

The rate of board at present paid for the guardianship of pauper lunatics residing with persons unrelated to them averages about 7s. a week. The rate is the same for males and females and whether they are boarded singly or in houses containing more than one patient.

In some counties a somewhat lower rate is paid, and in a few exceptional cases a higher rate is paid. In addition to this sum the Parish Council provides clothing (of which each patient possess two complete outfits), and medical attendance which includes ordinary medical attendance as well as the regular quarterly medical visitation required under the Board's rules. Altogether the cost of such a patient cannot be put at less than 8s. 6d. a week which, though considerably below the average cost of maintenance in asylums, approximates closely to the cost in some asylums. In this connection it has to be borne in mind that the asylum maintenance rate does not include the cost of land and buildings which is provided for by a special assessment levied by District Boards of Lunacy. This additional cost for accommodation varies greatly in different parts of the country, but taking all the asylums of Scotland together, it amounts on the average to about 6s. a week per patient. From the payment of this sum the tax payer is wholly relieved in the case of those patients who reside in private dwellings. With regard to patients living with relatives the cost to the parishes is considerably less, the average weekly rate being about 4s., which in many cases is really a contribution towards the cost of the maintenance of the patient by his family. Adding, however, clothing and medical attendance to the cost of patients residing with relatives, the average amount is probably about 5s. a week.

In 1864 Sir Arthur Mitchell, then Deputy Commissioner in Lunacy for Scotland, published a book entitled *The Insane in Private Dwellings*, in which the following passage occurs : " As a rule it is regarded as sufficient if a lunatic's condition shows a reasonable approach, as regards substantial comforts, to that of the poor but respectable portion of the general community." That standard laid down in 1864 remains the standard of to-day. The accommodation, food, and clothing of the insane poor under private care in Scotland, in whatever part of the country they reside, may be said to be the same as the accommodation, food, and clothing of the sane persons with whom they live. As the standard of comfort and accommodation of the sane population varies considerably in different parts of the country according to the prevailing economic conditions, the Board have never insisted upon a uniform standard of accommodation for the insane, preferring that the patients should fully share in the family life of their guardians and thereby in the wider social life of the community of which in this respect at any rate they form a part.

That the conditions of life of the insane poor in private dwellings in Scotland are on the whole favourable may be inferred from their death-rate. This rate, which in the quinquenniad 1865 to 1869 was 5·9 per cent. was, in the quinquenniad 1908 to 1912, 3·8 per cent. When it is considered that the insane poor in private dwellings are of all ages, that they suffer from many forms of mental affections—all of which tend to lower physical vitality—and that, especially as regards the nature of their mental ailments, they are in no way selected, the death-rate which prevails among them is a testimony to the adequacy of the care and treatment they receive.

For thirty-eight years after the establishment of the Board there were no serious assaults or injuries caused to others by patients in private dwellings. In the year 1896, however, a patient boarded out from an asylum, in a fit of anger at some action of his guardian, struck

a child a fatal blow on the head with a table knife. In 1902 a patient who had lived for over thirteen years under the guardianship of a cousin, a fisherman on the West Coast of Scotland, killed his guardian, in circumstances not precisely known, when they were away together on a fishing expedition. These are the only instances of that special nature which have occurred among an insane population averaging in number between 2000 and 3000 persons. A few cases of suicide have occurred almost without exception among patients who had given those supervising them no cause to fear such an occurrence; and in some instances patients have lost their lives accidentally or received serious injuries in circumstances which would probably have brought a similar misfortune upon sane persons. The number of serious occurrences of this kind among the insane in private dwellings which have taken place during the fifty-six years which have passed since the Board was established, would probably have been recorded in one or two years among a like number of patients in asylums. The utmost vigilance on the part of all concerned has not always been able to protect imbecile girls or young women of child-bearing age against the risk of pregnancy. It is unfortunately the case that these sexual accidents occur, in by far the great majority of instances, among young women living with their own relatives, and it is just in such cases that the Board find it particularly difficult to impress upon related guardians the necessity for greater vigilance, or to successfully insist upon the removal of some of these insane young women from the care of their relatives to institutions or to more stringent guardianship. On the other hand, the vigilance exercised by unrelated guardians is much more stringent, and there is no difficulty in the immediate removal of young female patients from unrelated guardianship to institutions should there be indications that their removal was for certain reasons desirable.

In the case of private patients in private dwellings—that is insane persons who are not paupers and who are not placed in establishments for the insane—it is not required by the statute that all of them should be under the supervision of the Board.

The Board have no official knowledge of a large number of insane persons living at home under the care of their natural guardians, provided they are neither paupers, nor kept for profit, nor restrained, nor cruelly used. It will be useful here to show in tabular form the number of private and pauper patients under care in private dwellings in Scotland in the quinquenniads 1864 to 1868, and 1908 to 1912.

TABLE III.

Year.	Private.		Pauper.		Total.
	Male.	Female.	Male.	Female.	
1864 . .	8	13	712	925	1,658
1865 . .	8	13	702	907	1,630
1866 . .	8	13	690	878	1,589
1867 . .	11	14	677	871	1,573
1868 . .	13	15	658	863	1,549
Average .	9	14	688	889	1,600
1908 . .	43	84	1,172	1,608	2,907
1909 . .	39	80	1,209	1,617	2,945
1910 . .	36	84	1,222	1,621	2,963
1911 . .	38	78	1,239	1,639	2,994
1912 . .	37	79	1,268	1,633	3,017
Average .	39	81	1,222	1,623	2,965

In addition to the private patients in private dwellings there are nearly 200 persons living in private houses under the inspection of the Board who, owing to mental incapacity, are unable to manage their own affairs, and who have been placed under curatory by order of the Court. Such persons are intimated to the Board by the Accountant of the Court of Session so that they may be regularly supervised and reported on. There are therefore, at present, in Scotland, over 3000 persons living in private dwellings under the supervision of the Board.

The distinguishing feature of the Scottish system of caring for the insane in private dwellings is that while these persons are not under the control of asylum authorities, their care and treatment is directly regulated by a central authority. In no other country are such large numbers of the insane who are not in institutions or under any form of asylum control so carefully guarded and protected by the State. In considering the growth of this system, it is surprising to observe that, originating as it did in the exigencies of the crude and rudimentary methods of caring for the insane which existed in Scotland prior to 1857, it has yet developed under very slender legislative sanction into a permanent and established system which could not without enormous expense to the country be superseded. If it were possible to supersede it by some system of institutional care the result would be regrettable from the point of view of the happiness of the patients themselves. The testimony of over fifty years in this respect is irrefutable, but it is only those who have had personal experience of the working of the system who are in a position to know that the great majority of those patients who have had experience of life in asylums and of life in private dwellings greatly prefer the

more social and unrestricted life which they enjoy under the system of private care.

II. Establishments for the Insane.

The insane in Scotland at the 1st January 1858, excluding private patients in private dwellings whose number could not be correctly ascertained, were distributed as follows :—

TABLE IV.

	Male.	Female.	Total.	Private.	Pauper.	Total.
In public asylums .	1226	1154	2380	786	1594	2380
„ private „ .	330	415	745	219	526	745
„ poorhouses . .	352	487	839	6	833	839
„ private houses .	810	974	1784	..	1784	1784
Total .	2718	3030	5748	1011	4737	5748

The public asylums in Scotland at that date consisted of the 7 Royal or Chartered Asylums of Aberdeen, Dumfries, Dundee, Edinburgh, Glasgow, Montrose, and Perth, and the Pauper Asylum of Elgin. As will be seen from the preceding Table these 8 asylums contained 2380 patients of whom 786 were private patients and 1594 paupers. The private asylums or licensed houses were 18 in number, and contained, as the Table shows, 219 private and 526 pauper patients. At the same date there were 17 poorhouses with wards for the reception of patients, and in these were resident 6 private and 833 pauper patients. There were also 2 schools for the training of imbecile children—1 at Baldovan near Dundee and the other in Gayfield Square, Edinburgh—afterwards removed to Larbert, where it now exists as the National Institution for the Training of Imbecile Children. Such were, at the date mentioned, the number and designation of the institutions in Scotland for the reception of lunatics.

In the report of the Royal Commission previously referred to, there occurs the following passage with reference to the Royal Asylums : "The existing accommodation provided for the insane in Scotland is a proof of the interest there excited by this most destitute portion of the community. For, though no legislative enactments have compelled the erection of asylums for pauper lunatics in this portion of the kingdom, we find here several large institutions founded, and in a great measure maintained, by the exertions and benevolence of private individuals. It is due to all parties concerned in establishing and conducting the chartered asylums in Scotland to express our high admiration of the motives which have led them to provide such means of succour and restoration for the insane. We have reason to believe that no country, proportionately to its population, has voluntarily done so much for this class of sufferers ; and although it may be said that Scotland presents an unfavourable contrast with most civilised states in not having any national institutions for the reception of its

insane poor, yet as regards those erected by private benevolence it may claim a marked and honourable distinction." Further on the Commissioners remark: "The treatment of the patients is liberal and judicious, and, notwithstanding existing difficulties and obstacles to improvement, their condition is, on the whole, deserving of commendation."

With regard to private asylums, or as they are termed "licensed houses," the Royal Commissioners have not so favourable an account to give. They remark that licenses had been conceded to persons who had no knowledge whatever of the nature or treatment of insanity, who had not even the experience of an ordinary nurse in a general hospital, and who were, besides, unprovided with sufficient capital to make a satisfactory provision for all the wants of those under their charge. The sole aim, especially in the houses where the patients were principally paupers, had evidently been to accommodate the greatest possible number at the smallest outlay. Outhouses which were never intended for human habitation had, in some cases, been filled with beds, and used as accommodation for patients both by day and by night. In other asylums large dormitories had been erected, sufficiently spacious for the number of occupants, but bare, comfortless, and insufficiently furnished. In other cases every room was overcrowded, and houses of moderate size were made to accommodate a surprisingly large number of patients. Most of the pauper houses had no day-rooms, the patients, when not in the airing-courts, occupying their overcrowded sleeping-rooms during the day. These rooms were, for the most part, not provided with seats, and the beds were used as substitutes. There were commonly no tables and the meals were served in the most slovenly manner. The patients ate their food seated on their beds, or squatting on the floor of their rooms, or in the corners of the airing-courts. "Instrumental restraint is in very general use in all the pauper houses, and not unfrequently also in the houses for private patients. There are houses in which some of the paupers are constantly manacled, either with the view to preventing their escape or to keep them from attacking the attendants or patients. In almost every house were found handcuffs, leglocks, gloves, straps, and strait-waistcoats, and these not in the custody of the proprietor or medical attendant, but hanging up in the wards or in the rooms of the attendants, who were evidently without any check as to their application, showing that the practice of restraint is very prevalent." Further on they remark: "Some of the patients are without shoes or stockings, and scarcely any ever go beyond the walls of the airing-courts. The bedding is of a coarse and cheap description, insufficient in quantity, and it is not renewed when filthy, whereby a saving in material is effected. The inmates during the winter months pass the greater part of each twenty-four hours in their beds, whereby candlelight is saved. Judging from the diet served to the patients the expenditure in food must be small. With the above facts before us we cannot doubt that, in many instances, practices obviously wrong and detrimental to the patients have been adopted in licensed houses, because an increased profit would thereby be obtained by the proprietor."

With regard to poorhouses the Commissioners state that the accommodation varied in different poorhouses according to the class

of patients received. It consisted in general of large dormitories, barely furnished and of day-rooms equally bare. The insane paupers were occasionally kept apart from the sane, but in general they were more or less associated together. In the poorhouses which possessed lunatic wards these wards were generally small and ill-contrived, and did not permit a proper classification of the patients. "The rooms are generally very barely furnished, usually containing only benches without backs, and a table. There are very seldom chairs, or other suitable seats for sick and feeble patients, who can only rest themselves by lying down in bed. Several poorhouses, especially those having no separate wards for the insane, were found to be overcrowded." As regards diet the food of the insane paupers did not necessarily differ from that of the ordinary paupers except in those houses in which the medical officer was permitted to order a fuller diet than the ordinary paupers received. As a general rule the attendants were not in sufficient number to ensure the proper treatment of the patients, and in consequence personal restraint was habitually had recourse to in almost all houses. A practice prevailed in some houses of fastening the hands behind the back, by which much unnecessary pain was inflicted on the patient. In general, no means of amusement were within reach of the patients, and nothing whatever was done to afford them occupation. "We have no hesitation in saying that in providing accommodation for insane paupers, the parochial authorities have more consulted the interests of the rate-payers than the well-being of the patients. Economy is their rule of conduct, and has greatly influenced the nature of the accommodation."

Such were, in brief but general terms, the conditions under which the insane of Scotland were provided for in institutions prior to the year 1857.

The 59th Section of the Act of 1857 enacted that wherever there was an asylum established in any district at the time of the passing of the Act, the District Board of that district should be obliged to contract with the Directors of such asylums for the reception and maintenance of the pauper lunatics of that district before proceeding to assess for the erection of an asylum. The Royal Asylums were the only asylums established in Scotland at this time, and with the exception of the Perth Royal Asylum, which declined to contract for the reception of pauper patients, all the others agreed to receive them. The Royal Asylum of Aberdeen took the patients chargeable to parishes in that county. The patients of Forfarshire were accommodated in the Royal Asylums of Montrose and Dundee; of Edinburgh City, in the Edinburgh Royal Asylum; and of Glasgow and Lanarkshire, in the Glasgow Royal Asylum; while the patients of the Counties of Dumfries, Kirkcudbright, and Wigtown were, by the 60th Section of the same Act, provided for in the Crichton Royal Institution, Dumfries.

The question of recognising the accommodation in Royal Asylums as suitable for the requirements of the insane poor offered no difficulty, but the similar question in regard to poorhouses became, within the first year of the Board's existence, a pressing and contentious one. In their First Report the Board express the following opinion: "We were of opinion that the lunatic wards of poorhouses could not be comprehended under the definition of 'public asylums'; and in this view we were confirmed by the opinion of eminent counsel. Indeed,

any other view would have proved most disastrous to the efficient working of the Statute." But all doubts as to the powers of the Board on the question were removed by a short amending Act, passed in 1858, by which they were empowered to grant licences for the reception of pauper lunatics into wards of poorhouses for a period of five years from 1st January 1858, "as it is expedient that provision should be made for the custody of pauper lunatics till district asylums are ready for their reception." As the licences to private asylums receiving pauper patients were granted by the Board only until district asylums should be provided, the permanent existing accommodation available for the reception of pauper lunatics was limited to that afforded by the Royal Asylums. Notwithstanding the strong expression of the views of the Board just quoted and the terms of the Amending Act of 1858, there was a determined effort made by various parochial authorities to retain the use of poorhouses for the accommodation of pauper lunatics. This effort was so far successful that the amending Act of 1862 provided (Section 3) that the Board should be empowered to license lunatic wards of poorhouses for the reception and detention of pauper lunatics who were not dangerous and who did not require curative treatment; and (Section 4) that the Board should be empowered to sanction the admission of pauper lunatics into these wards without the order of the Sheriff. But Section 8 of the same Act provided that with the sanction of the Board arrangements might be made for the "reception and detention of all or any of the pauper lunatics of a district, county, or parish, in any Public, Private, District, or Parochial Asylum or Hospital within or beyond the limits of such District, County, or Parish."

Accordingly in the Sixth Report of the Board we find the first mention of Parochial Asylums as follows (p. xlv.): "Under the name of Parochial Asylums we have comprehended all lunatic wards of poorhouses which admit patients for curative treatment; and we shall in future restrict the terms of lunatic wards of poorhouses to those establishments which receive only patients who are considered harmless and not amenable to curative treatment." There were 6 Parochial Asylums in Scotland in 1863, namely, 1 in Falkirk; 2 in Glasgow, belonging to the Barony and the City Parishes respectively; 1 in Greenock; and 2 in Paisley, belonging to the Abbey and Burgh Parishes respectively. The total number of patients occupying these institutions in 1863 was about 486. Only 1 Parochial Asylum now exists in Scotland—that belonging to the Parish of Greenock.

There were 12 lunatic wards of poorhouses in 1863 licensed by the Board to receive only harmless and chronic lunatics. These were situated at Aberdeen (2), Dunfermline, Edinburgh (2), Govan, Irvine, Leith, Linlithgow, Perth, Stirling, and Stranraer, and they contained in all about 400 patients. Only 5 of these institutions now exist, but others have since been licensed. The number of such institutions at the present time is 14, and the total number of patients accommodated in them is between 800 and 900.

On the 1st January 1858, there were 18 Private Asylums in Scotland, containing 219 private, and 526 pauper, patients. The resolutions of the Board only to continue to license these institutions for the reception of pauper lunatics until district asylums were ready, resulted in the gradual elimination of the pauper inmates until, in the Twentieth

Report of the Board (1878) we read that "there are now no pauper patients in any Private Asylum in Scotland." At this date there are now only 2 Private Asylums in Scotland, and the licence for one of them will lapse permanently with the tenure of the present proprietor. We see, then, from the immediately foregoing remarks and from the distribution of the insane in Scotland, that the two chief recognised forms of caring for the insane were in Royal Asylums and in private dwellings. At the 1st January 1858, there were 4164 patients in Royal Asylums and private dwellings, and 1584 in Private Asylums and Parochial Institutions. Excluding criminal lunatics and children in imbecile institutions, the number of patients at 1st January 1913 in Royal Asylums, District Asylums, and private dwellings was 17,401, and in Private Asylums and Parochial Institutions, 1151.

The erection of District Asylums was necessarily protracted, but in those counties more remote from any asylum accommodation special efforts seem to have been made to provide asylums with as little delay as possible. The first of these asylums in existence was the Elgin Asylum, which for many years previous to the Act of 1857 had formed a part of Gray's Hospital in the town of Elgin. It was recognised by the General Board of Lunacy as a District Asylum in 1864. The following District Asylums were opened between 1860 and 1870 in the order in which they stand here : Argyll, Perth, Inverness, Banff, Fife, Haddington, Stirling, Ayr ; between 1870 and 1880 : Roxburgh, Midlothian, Woodilee * (Glasgow), and Kirklands Asylum † ; between 1890 and 1900 : Lanark, Govan, Gartloch (Glasgow) ; between 1900 and the present time : Dundee,‡ Aberdeen, Edinburgh, Paisley,§ and Renfrew.

III. Changes in the Administration of Scottish Asylums.

In reviewing the changes which have occurred in the administration of Scottish Asylums it is necessary to take into account the attitude of the General Board of Lunacy towards Managers of asylums, District Boards of Lunacy, and Superintendents of asylums in this respect. In the First Report of the Board the following significant statement occurs (page xii), "Application has been made to us by several District Boards of Lunacy for model plans of asylums for the guidance of their architect in the erection of district houses. This request appeared to us to be reasonable and at first we were disposed to agree to it, but, on more mature consideration, we were of opinion that it would be more advisable to decline taking a step which might fetter the energies of proposing competitors." Throughout the succeeding Reports of the Board there is abundant evidence of the desire to encourage the administrators of asylums to devise and carry into effect on their own initiative changes which might be beneficial to the insane. But it is only in the Twentieth Report of the Board (page xxxi) that an open expression of this opinion is definitely stated :

* At first a Parochial Asylum—became a District Asylum in 1898.

† Formerly a Private Asylum—was acquired by the Glasgow District Lunacy Board in 1881.

‡ Formerly a Royal Asylum—acquired by the Dundee District Lunacy Board in 1903.

§ Formerly a Parochial Asylum—became a District Asylum in 1909.

"It is a satisfactory feature of the Scottish Lunacy Laws and of their administration that no hindrance to progress is offered through the existence of any uniformity or inflexibility in the standard of what is proper. This admits of, and perhaps encourages, the putting into practice by the different Superintendents of different plans of management which their own experience leads them to originate and regard as improvements. Had it been otherwise and had a strict uniformity in the mode of dealing with their patients been pressed on them, it is probable that we should not have had the opportunity of recording some of those beneficial changes in the structural arrangements of asylums and in the modes of managing their inmates, to which we are about to allude. So long as the aim is good, so long as the purpose is benevolent and honest, the intelligence of such Superintendents as preside over Scotch Asylums may with safety be trusted not to purpose the introduction of changes which have not a reasonable prospect of attaining their end. If in some instances failure appears to us probable, or even if new modes of treatment are occasionally adopted which seem to us in a wrong direction, it is practically found sufficient that we state our views and doubts, and thus secure a careful reconsideration of the matter."

This passage, which so exactly expresses the attitude of the General Board of Lunacy towards those in charge of Institutions for the insane in Scotland, is as applicable to the Board at the present day as it was in the earlier years of its existence. It would have been easy for the Board under its general powers in the first years of its office to have insisted upon rules and regulations which would have stereotyped lunacy administration and the structure of asylums in Scotland for practically all future time. Fortunately, the first members of the Board took a different and wiser view of their duties, and to that circumstance as well as to the energy and zeal of the Medical Superintendents of the various asylums, is due not only the progress but also any advantages which the Scottish Lunacy system may at present possess. The following changes in administration which have slowly and gradually developed over a period of 56 years had for their aim the improvement of the condition of the insane by removing repressive measures in treatment, by encouraging healthy and interesting occupations, by endeavouring to make asylum life more like ordinary life, and, by means of general hygienic measures, ameliorating the condition of those patients in whose case recovery was hopeless. Many of the changes were introduced indirectly and often without any prevision of their far-reaching results. This is perhaps exemplified in the first advance to which reference will be made, viz., the provision of larger areas of land in connection with institutions for the insane.

(1) EXTENSION OF ASYLUM LANDS.

In the Report of the Royal Commission of 1855 great stress is laid upon the importance of every asylum possessing a sufficient quantity of land to ensure constant employment for the male patients. It is pointed out that the seven Royal Asylums then in existence possessed an insufficient quantity of land to offer the patients a field of cheerful and varied agricultural employment. The quantity

of land on the average possessed by each of these asylums was only 31 acres. Stress is also laid upon the necessity for land as a means of recreation, but the chief reason assigned for the acquisition of land by asylums is that it would afford healthy employment for the male patients. The principle underlying this contention is more fully expressed by one of the leading members of the Royal Commission, Sir James Coxe, also one of the first members of the General Board of Lunacy in his Presidential address to the Medico-Psychological Association in 1872 in which the following passage occurs: "As a rule recovery from insanity is due far more to attention to the rules of hygiene than to any peculiarity in the treatment. In supplying abundance of food and clothing, in providing comfortable lodging and in giving proper attention to cleanliness, and in affording ample means of occupation and exercise in the open air, lies the great secret of the successful treatment of insanity." Since that statement was made, great and important scientific advances have been made in our knowledge of the etiology and pathology of mental diseases, and equally important changes in the medical treatment of the insane have taken place; and although it is no longer held that insanity is best treated by the methods advocated by Sir James Coxe, the application of his doctrine to the care of the chronic insane who form the majority of the inmates of asylums remains as true now as then. In the Twenty-Third Report of the Board the advantages of farms as a source of occupation for male patients and as a source of interest for all patients in asylums is strongly insisted upon. In that Report (page xxxviii) the Commissioners remark: "Nor must it be forgotten that even in cases where agricultural work may seem to be attended with some disadvantages it may be better that a patient should be engaged in such work than be subjected to what may be the only practicable alternative—namely, to the routine of ward and airing-court life. The proportion of patients belonging to the working class to whom books afford a refuge from idleness is necessarily small, and though many games are of undoubted use as relaxations, the interest in them soon ceases for most people when they become the only occupation for their minds. In one way or other it thus happens that for most of the unemployed inmates there remains only a state of compulsory idleness, the effects of which must be much worse than any that could possibly result from engaging in simple out-door work, even though that might be somewhat uncongenial." And again, "Many of the patients can be engaged in such occupations as digging and wheeling, who can with difficulty be engaged in less simple kinds of work. Independently, however, of the way in which farms provide opportunities for labour they prove a benefit to all the inmates, men and women alike, by their influence on the dietary of the asylums to which they are attached. Even among patients drawn from urban districts there are few to whom the operations of rural life present no features of interest. The healthy mental action which we try to invoke in a somewhat artificial manner by furnishing the walls of the rooms in which the patients live with artistic decorations, is naturally supplied by the farm. For one patient who will be stirred to rational reflection or conversation by such a thing as a picture, twenty of the ordinary inmates of asylums will be so stirred in connection with the prospects of the crops, the points of a horse,

the illness of a cow, the lifting of the potatoes, the laying out of a road, the growth of the trees, the state of the fences, or the sale of the pigs."

The Board have never countenanced the acquisition of farms by asylums on the mere ground that they might form a source of profit and at the same time a saving to the rates. They have always held that the sole justification of District Boards in holding agricultural lands must rest upon the reasons above stated and not on the question of profit. As a matter of fact, however, such farms not only pay rents which cover the interest of money expended on their purchase, but as a rule leave more or less a considerable balance of net profit, and those who possess them claim that they furnish the patients with a more varied dietary and a better quality of food than can be obtained by purchasing in the market. With a view to ascertaining the extent of agricultural land in the possession of asylums and the proportion of patients employed in the cultivation of arable land, a return was obtained from 21 Royal and District Asylums for the year from February 1901 to February 1902; the results of this return are published in the Forty-Sixth Report of the Board (page lv). From these returns it appeared that the total acreage of land in possession of these Royal and District Asylums in the years mentioned was 5302 acres, of which 3287 were cultivated. The average number of patients resident in the asylums mentioned in the return was 4794 males and 5009 females—total 9803. The average amount of land per patient was 0·54 acre or 1·1 acres per male patient. This shows an extraordinary development in the acquisition of land by asylums in the 45 years which had elapsed since the Royal Commission reported in 1857 on the amount of land possessed by the 7 Royal Asylums. The percentage of male patients employed in outdoor work in the 21 asylums varied from 59 to 24, and the average for all the asylums shows that about 40 per cent. of the male patients were daily engaged in outdoor work on the farms, grounds, or gardens attached to the asylums. The conclusions arrived at in the special article referred to are (*a*) that under the most favourable conditions it cannot be expected that more than 40 per cent. of the male patients can be employed in agricultural work; (*b*) that the proportion of arable land to obtain the best result even under the most favourable conditions is about one and a half acres per male patient; (*c*) that for most asylums an acre of arable land per male patient is amply sufficient; (*d*) that when the holding of arable lands falls markedly below an acre per male patient the employment of male patients in agricultural work is less than when the holding is larger; (*e*) that where the holding of agricultural land is less than about one-third of an acre per male patient the constant employment of male patients in such work is not attained.

The acquisition of comparatively large areas of land by asylums had, however, very much further reaching consequences in Scotland than the mere employment of male patients in agricultural labour. It not only afforded ample means for outdoor exercise, for recreation, and for walking exercise, but it facilitated the introduction of other changes which were not contemplated in the early years of Scottish lunacy administration or by the persons who acquired the land. In addition to the arable farm land, gardens, and land actually occupied by the site of buildings, the 21 asylums referred to possessed pasture

land, woods, and grounds amounting to 2015 acres, which gave an average of 100 acres to each asylum for open air exercise and recreation alone, and irrespective of arable land. When an asylum is built surrounded by 250 acres of land it is of course found impossible, at any rate inexpedient, to surround the estate with fences or walls. As a consequence of the possession of such large areas of land there arose a movement for the abolition of walled airing courts in which, as a tradition of asylum treatment, the patients had been accustomed for years to obtain their outdoor exercise and recreation. For it would be absurd to possess so much land suitable for exercise, work, and recreation, and at the same time to continue to confine the patients within the narrow limits of walled airing courts.

(2) THE ABOLITION OF AIRING COURTS.

Walled airing courts had for many years been considered a necessary asylum appliance in Scotland. In the Seventeenth Report of the Board (page lvi) they are referred to as a "form of mechanical restraint" for the detention of patients, and their approaching disuse at that period (1875) is regarded as a widening of the idea and practice of non-restraint. A significant fact referred to in the Annual Reports of the Board is that their removal was not attended by any increase in the number of escapes which must either have been due "to a better supervision or to an abatement of the desire to escape by the removal of erections obviously designed to serve as obstacles." The Commissioners repeatedly state that while this change, long ago completed, was in known accordance with their general views regarding the treatment of the insane, it was nevertheless wholly due to the Medical Superintendents of Asylums. In the Seventeenth Report (pages lvi and lvii) there occurs the following instructive expression of opinion: "We have felt that much could be said in defence of those airing courts to which patients have always free access; and in many asylums using the courts in this way the patients are contented, comfortable, and healthy. Those walled airing courts into which patients are sent for open-air exercise at certain hours are less easily shown to be beneficial. We have not thought it desirable, however, to recommend the abolition of airing courts; and in this matter the change of practice must be regarded as a change of opinion among those in actual charge of the insane, due to a variety of causes, but in part, perhaps, to what has been found possible and safe in the treatment of lunatics in ordinary dwellings."

The passage quoted, which is illustrative of the attitude of the Board towards reforms of this kind, may be paraphrased as follows: "Airing courts where properly used are beneficial but they are liable to abuse. Those who have the actual responsibility of the care of the insane consider them inimical to progress in the treatment of the insane; the Board approve of every means which approximates the life of the insane in Institutions to life in private dwellings; therefore, while not insisting on the change, they encourage it."

The reform in this respect was of a sweeping nature, and airing courts, walled or otherwise, disappeared almost entirely. Indeed it came to be regarded as almost heterodox to enclose even with an ordinary fence any part of the asylum grounds for the use of patients.

It is useless to inquire whether this extremity of reform was either wholly wise or partially harmful, for a principle of undoubted merit was involved which concerned ultimately the well-being of the insane, and in this, as in many other social movements, it was carried rigidly to its logical end.

(3) THE OPEN DOOR SYSTEM AND LIBERTY ON PAROLE.

It was in the year 1869 that it was first suggested that the extensive use of locked doors was unnecessary and that considerable advantages could be derived from their general disuse. The system came to be adopted to a greater or less extent in most of the Scottish Asylums, but although its influence has ever since continued to affect the administration of Scottish Asylums, it never came into general use, and in those asylums where it was fully adopted it was after a time for one reason or another partially abandoned. While that is so there is at the present time scarcely an asylum in Scotland in which some wards or villas or annexes occupied by patients requiring little supervision are without locked doors during the daytime. This system was another example of the commendable attempt to assimilate the conditions of asylum life to ordinary life, andalthough it has temporarily failed to succeed on the ambitious scale upon which it was introduced, its influence has not declined and its resuscitation upon a different basis in the future is not improbable. One of its chief results was to give an extraordinary impetus to the practice of allowing patients to walk or to work in the asylum grounds without constant supervision, and of permitting many patients to take exercise beyond the grounds on parole. In common with the removal of other forms of restriction in the treatment of the insane, the granting of liberty on parole found favour in the eyes of Superintendents on account of the beneficial effect which it had on the patients, not merely by making their residence in asylums less irksome, but also by improving their mental condition. The fears which were naturally entertained that those forms of relaxation of control would be followed by an increase in the number of accidents and escapes did not prove to be well-founded. Accidents from violent conduct and other causes will, it is feared, always occur in asylums. They occur, indeed, in communities of sane persons, and it would be unreasonable to hope that where insane persons are congregated together they will ever be entirely prevented, under any system of management that may be devised. In an establishment in which the conduct of the patients was limited in every direction wherever there seemed to be a possibility of accident, the restrictions would become so irksome as to be injurious to health and intolerable. In the Twenty-Third Report of the Board (page xxxiv.) occurs the following sentence : " It is satisfactory, however, to be able to say that in our opinion neither accidents nor escapes have been made more frequent by a more liberal system of treatment."

(4) USE OF RESTRAINT AND SECLUSION.

In virtue of its importance this subject ought perhaps to have taken precedence of those already dealt with, but in point of time its place correctly follows that of the other subjects. Although there

have always been Superintendents of asylums who refrained from using either restraint or seclusion in the treatment of their patients, the origin of a general movement towards its diminution in Scottish Asylums is of comparatively recent date. This movement probably succeeded other changes to which reference will be made, for example, the hospital treatment of acutely insane patients, the more extensive treatment of patients in bed, and the highly developed system of night nursing—all of which are of comparatively recent introduction. We learn from the Report of the Royal Commission that while mechanical restraint was little resorted to in the Royal Asylums between 1855 and 1857, yet that there was reason to believe that "seclusion for long periods is frequently used." We also learn that both restraint and seclusion were unduly prevalent in Private Asylums and Poor-houses. The earlier Reports of the Board contain only short references to the subject, and these at long intervals. The following reference from the Seventeenth Report (page lv.) is typical of others: "Very important changes have also occurred in the mode of management, and some of the more striking of these have taken the direction of widening the application of the principle of non-restraint. Mechanical applicances in the treatment of the insane are probably as little used by the Superintendents of Scotch Asylums as by those of any country. At the same time there is no slavish adoption of the view which demands their entire abolition. Perhaps, however, they are not on this account actually resorted to with greater frequency than happens where the rule of non-restraint is maintained to be rigid and inflexible. We add with satisfaction that the disuse of appliances to which reference is made when we speak of mechanical restraint does not appear to have led to any undue use of some equivalent or substitute, such for instance as seclusion or narcotising drugs." From this quotation it would appear that in some institutions at any rate the practice of restraint and seclusion was falling into abeyance and that its disuse was not followed by any serious consequences. However that may be there is evidence that restraint and seclusion were both sufficiently prevalent in Scottish Asylums to induce the Board to issue a circular in the year 1889 defining the terms restraint and seclusion. In that circular restraint is defined as follows: "Wherever a patient is made to wear an article of dress or is placed in any apparatus which is fastened so as to prevent the patient putting it off without resistance, and which restricts the movements of the patients or the use of hands or feet, the case should be recorded as one of restraint, irrespective altogether either of the reasons which may have led to the use of such restraint or of its having been used in accordance with, or contrary to, the wish of the patient"; and seclusion is defined thus:—"Whenever a patient is placed by day in any room or locality alone, and with the door of exit either locked or fastened, or held in such a way as to prevent the egress of the patient, the case should be recorded as one of seclusion, irrespective altogether either of the reasons which may have led to the use of such seclusion, or of its having been used in accordance with, or contrary to, the wish of the patient." Again in 1895 the Board issued a circular to Superintendents of asylums, in which they called for a quarterly transmission to them of copies of all entries made in the Register of Restraint and Seclusion. Whatever other purposes this quarterly

Return may have served, it forms a foundation for a series of statistics whereby from time to time the use of restraint and seclusion in the Scottish Asylums can be reviewed and any increase or decrease in its application can be statistically appreciated. In the Forty-Third, Forty-Ninth, and Fifty-Fourth Reports of the Board these statistics are tabulated in quinquennial periods; a summary of their general results is reproduced in the following Table :—

TABLE V.

Years.	Average Yearly Number of Patients.	Average Yearly Number of Patients Restrained.			Average Yearly Number Restrained per 100 Resident.	Average Yearly Number of Patients Subjected to Seclusion.	Average Yearly Number of Patients Secluded per 100 Resident.
		For Surgical Reasons.	For other Reasons.	Total.			
1896–1900	10,805	8·4*	50·8	59·2	0·55	114·0	1·05
1902–1906	12,360	9·2	27·2	36·4	0·29	72·4	0·59
1907–1911	13,812	11·2	21·4	32·6	0·24	30·6	0·22

A glance at the figures in the above Table will show a remarkable falling off in the use of restraint for other than surgical purposes in the fifteen years embraced in the Table, and a still greater falling off in the use of seclusion. The fall in the number of restraints would have been still greater had it not been, as is pointed out in the article on this subject in the Fifty-Fourth Report, that over 50 per cent. of the persons subjected to restraint were restrained in two asylums.

Restraint will probably always continue to be used in asylums for the purpose of promoting the healing of injuries by rest or as a means of preventing the removal of surgical dressings in the case of patients whose mental condition is so confused or disturbed as to necessitate recourse to its application. It is also probable that for some time to come mechanical restraint will continue to be applied in the case of patients whose occasional violent conduct, either of a homicidal or a suicidal character, makes it necessary to resort to temporary restraint of this kind. The fact, however, that restraint is applied in some institutions and not in others, in any form or for any cause, points to the conclusion that its use depends more upon the attitude and views of individual administrators than upon the character of the symptoms displayed by the patient. In the Fifty-Fourth Report (page lix.) occurs the following sentence, indicating the policy of the Board towards those and towards all other similar methods of medical administration: "The Board have all along refrained from the expression of an opinion on its use when, in the opinion of the physician prescribing

* In the returns for this period no distinction was made between restraint for surgical purposes and other purposes, and the proportion based upon the other two periods has been made for the sake of uniformity.

it, the safety of the patient or of others could not otherwise be secured, or when it was not too frequently resorted to or applied in circumstances which were for any reason unjustifiable."

Similarly with regard to seclusion, it is only those in immediate charge of the patients who can judge of the expediency of resorting to seclusion either for the welfare of the patient or the safety and comfort of others. The instances in which there has been any tendency to resort to unduly frequent or prolonged seclusion have in recent years been few and far between.

(5) THE RECOGNITION OF THE IMPORTANCE OF HOSPITAL ACCOMMODATION IN ASYLUMS.

What may be termed the Hospital movement had its origin in a desire to increase the efficiency of asylums as curative institutions. The object aimed at was that the arrangements and special design of the hospital sections should be kept to a great extent separate from those which have more immediately in view the providing of homes for the chronic insane inmates. The separation of patients requiring medical attention for any reason, such as acute mental affections, physical infirmity, or physical illness, from those who, though unfit for the conditions of life in the outer world, do not require special medical treatment, was found by experience to be beneficial to both classes of the insane in asylums. In the older method of asylum administration it was regarded as sufficient to have small sick-rooms for the accommodation of bed-ridden infirm patients and the physically sick. All the other inmates, whether acutely insane or not, were regarded as able-bodied, and slumped in a more or less rough classification subordinate only to the requirements of efficient supervision. The advent of newer ideas regarding the treatment of acute insanity gradually superseded older ideas of administration, and when once the principle was established that the acutely insane required special medical attention and nursing as well as, in the majority of instances, treatment in bed, it was found necessary to concentrate the energies of the medical and nursing staff upon all those patients who required this attention, and, consequently, the segregation in separate hospitals or in separate parts of the buildings of all patients who for any reason required medical treatment became necessary. The hospital sections of asylums arranged in accordance with this view not only formed a much larger part of the institution than formerly, but tended to increase in size. Thirty years ago it was considered sufficient that the hospital section should afford accommodation for about one-third of the total number of inmates; with more experience of the system, especially in the urban asylums where there occurs a greater influx of physically weak and senile cases, the hospital section had to be gradually enlarged until at the present time, in many of the larger Scottish asylums, one-half of the whole accommodation is required for hospital purposes. Roughly speaking it may be said that fully one-half of the Royal and District Asylums in Scotland are provided with separate hospital buildings specially designed for the purpose. As many of those hospitals, however, were erected with the idea that if they were constructed to accommodate one-third of the asylum population their accommodation would

be amply sufficient, it was soon found that other parts of the building had to be utilised for the nursing of the physically infirm patients, and that the hospitals proper had to be devoted to the treatment, chiefly, of recently admitted cases.

The statement that one-half of the accommodation in many modern Scottish asylums is occupied by patients requiring active medical and nursing care may appear, at first sight, to indicate either an exaggerated idea of the utility of hospital treatment and its application to the case of patients who could not benefit by it, or that the Scottish insane were unusually feeble and decrepit. To obviate misconception it is only necessary to point out that a considerable proportion of the insane in asylums in Scotland are being constantly boarded out in private dwellings, and that in this way the accumulation of the chronic insane in asylums is more limited than in countries possessing no such outlet. The increased recognition of the use of hospitals in asylums is the direct result of the advent of newer medical ideas of the treatment of insanity, and the supersession by them of the older ideas according to which insanity was regarded as a more or less social disease, capable of amelioration by hygienic measures. Although the two great functions of an asylum as a curative institution and as a home for the incurable insane can be more efficiently performed when they are kept to a great extent separate from each other, there was not then, and there is not now, any intention of making the two sections wholly separate institutions under different management. On the contrary, it is strongly held that the separation of the two kinds of administration in the way indicated can only be satisfactorily carried out when they form two departments under one management. In this way only can the interchange of patients between the two sections be easily and satisfactorily arranged. There is in every asylum a considerable number of patients whose condition varies from time to time, so that they will sometimes be suitable for one section and sometimes for the other. There are patients, for example, who are subject to periodical exacerbations of insanity and require treatment in the hospital section during those exacerbations, though their usual condition renders them more suitable for treatment in the other section, and there will always be a liability to temporary illness for which short periods of residence in the hospital are necessary.

In connection with the hospital treatment of the insane in asylums there has within recent years been introduced a system of treating acutely insane patients—chronic patients whose symptoms are troublesome, patients whose nutrition is defective, as well as patients suffering from tuberculosis—in bed on verandahs attached to the hospital buildings. The advocates of this form of treatment claim for it very excellent results, and it may be said that there is at the present time scarcely an asylum for the insane in Scotland where the system is not more or less extensively applied.

(6) THE REFORM OF NIGHT-NURSING IN ASYLUMS.

In the Report of the Royal Commission (page 92), it is stated that the attention bestowed on the patients during the night time is generally very defective in the Royal Asylums. Sufficient pains are, it is said, not taken to correct the bad habits which are apt to arise and

become confirmed in the worst class of case when left unobserved and unassisted throughout the night. In those asylums where some system of night-nursing had been adopted, those important objects had not been kept in view. In two of the asylums it is stated that night watchmen were employed, and that in one of the two this official had charge both of the male and of the female departments, and it is objected that a night watchman cannot with propriety be entrusted with such duties on the female side of the house. There then follows the following remarkably advanced opinion: "If, in order to save expense, only one individual is appointed, it appears to us a preferable plan to appoint a woman to visit both sides of the house. Indeed there is little doubt that one, if not more nurses, might be advantageously employed both in the male and female departments during the night-time; and we may further remark that the services of women are not at any time sufficiently made available as nurses in the men's wards." About fifteen or sixteen years ago there arose in the Scottish Asylums a movement for the extension of night-nursing. Before that time only in cases of sickness or in cases showing tendencies to suicide and in epilepsy was the need for such nursing recognised. The care of the insane in institutions during the night was entrusted to one, or at most, two individuals (according to the number of patients), on each side, who patrolled the dormitories and attended to the wants of the more necessitous patients. About the time mentioned, however, the opinion took root that night-nursing and supervision might with great benefit to the insane be more fully developed in the case of other classes of patients in addition to those above mentioned, and that it might also be extended so as to bring under its influence many patients who had not hitherto been looked upon as suitable for or likely to be benefited by such a mode of treatment. In comparing the plans of asylums built about the middle of the last century with those which may be called modern, nothing is more striking than the enormous proportion in the earlier plans of single rooms. As in course of time more enlightened views in regard to the care and treatment of patients in asylums developed, the necessity for resorting to the use of locked single rooms during the night, except in special cases, became less and less frequent. Single rooms consequently now occupy a subordinate place in asylum architecture, instead of being, as was formerly the case, their leading feature. A strong impetus towards the disuse of single rooms for the seclusion of troublesome patients during the night was given by the new scheme for the night-nursing of patients in associated dormitories, and many of the single rooms are now used as bedrooms for the use of patients who do not require supervision and who value the privilege of a separate bedroom. Where the arrangements for associated night-nursing are deficient, single rooms come into use not only in the case of sick patients who are restless but in the case of suicidal patients, and of patients who show a tendency at night to become excited and noisy or who endeavour to leave their beds. It came to be recognised by the leaders of the movement we are referring to that to lock such patients into single rooms at night was, from the medical point of view, undesirable and injurious to the patients themselves. The evidence of the supporters of the new method of night-nursing is to the effect that patients of faulty habits and those who are restless and noisy during the night can be best cured of these symptoms by placing them in

dormitories under the constant night-supervision of selected nurses. Such a system of treatment is undoubtedly beneficial in the case of those patients of bad habits who have been at once subjected to the treatment on entering asylums, and who have not therefore had the opportunity, by constant repetition, of becoming confirmed in these habits. But even where such habits had, unfortunately, been allowed to develop, it has been found from experience that when properly and persistently subjected to systematic night-supervision a large number of these patients who, on account of their habits, had formerly to be secluded during the night in single rooms, were permanently cured of their tendencies. In the years 1899 and 1900 the Board called for returns from the Superintendents of asylums in Scotland in order to obtain information as to the practice in regard to night-nursing and night-supervision. The return refers to pauper patients and the class of private patients treated along with or in a similar manner to pauper patients.

Returns were obtained from 24 Royal, District, and Parochial Asylums containing 9880 patients of the class described. For the night nursing of these patients 145 nurses and attendants were employed—a proportion of 1 night-attendant to 68 patients. The asylums in the return contained 70 dormitories in which 1333 patients were under constant night-supervision. They also contained 1649 single rooms, 552 of which were occupied as bedrooms by privileged patients, 275 were only occupied because they would otherwise be empty and because the accommodation was required, and 822 were occupied by the class of patients for whom single rooms were originally designed; that is to say only 50 per cent. of those single rooms were occupied by noisy and troublesome patients.

Since that return was made a very marked extension has taken place in the night nursing of the insane in Scottish Asylums. The extent of this increase can be best appreciated from the following Table:—

TABLE VI.

Asylums.	Year 1900.		Year 1913.	
	Average Number of Patients Resident.	Average Number of Night Attendants.	Average Number of Patients Resident.	Average Number of Night Attendants.
Aberdeen Royal. .	873	9	845	15
*Aberdeen District .	..	..	466	14
Argyll District . .	440	8	465	8
Ayr District . .	508	9	573	11
Banff District . .	165	0	169	2
Dumfries Royal .	733	8	892	24
Dundee Royal . .	405	8	64	4
†Dundee District. .	..	..	410	13
Edinburgh Royal .	915	12	780	41
Edinburgh District .	..	..	833	23
Elgin District . .	160	2	150	2
Fife District . .	525	8	628	12
Glasgow Royal . .	421	8	461	15
Glasgow (Gartloch) .	485	9	767	25
Glasgow (Woodilee) .	748	14	1094	32
Govan District . .	486	10	664	23
Haddington District .	142	0	195	2
Inverness District .	569	6	691	11
Kirklands . .	202	2	232	4
Lanark District . .	669	12	995	20
Midlothian District .	253	2	349	6
Montrose Royal . .	659	10	689	16
†Paisley District . .	..	..	203	4
Perth Royal . .	125	4	117	6
Perth District . .	366	8	375	11
*Renfrew District .	..	..	320	8
Roxburgh District .	293	5	315	8
Stirling District . .	641	15	801	23
Greenock Parochial .	227	4	223	4
TOTAL . . .	11,010	173	14,706	387
AVERAGE NUMBER OF PATIENTS SUPERVISED BY ONE ATTENDANT . .	64	1	38	1

The figures in this Table are compiled from the ordinary statistical statements supplied to the Commissioners at their visits to asylums. They include for all the asylums both private and pauper patients,

* Those Asylums were not open in 1900.
† Those Asylums were not District Asylums in 1900.

and the private patients are of all classes. It would unduly prolong this article to enter upon the question of the corresponding decrease in the use of single rooms for the isolation of noisy and troublesome patients which has taken place in the period covered by this Table. An illustration will suffice. In one of the most modernly built of the Scottish Asylums, with accommodation for 900 patients, there are only 32 single rooms in the whole institution. At a given date in December of last year only four of these single rooms were occupied during the night by restless or troublesome patients; the remaining 28 were occupied by quiet, working patients, who were allowed a separate bedroom as a privilege and as a reward for good conduct and usefulness.

This elaborate system of night-nursing implies greater expenditure, notwithstanding that in certain directions, such as the destruction of furniture and clothing and laundry expenses, it may effect a certain saving. The purposes of asylums are, however, the cure, where that is possible, of mental disease and the amelioration of the more troublesome symptoms of insanity in the chronic insane, and if those purposes can be promoted by a system of night nursing such as that described, it is clear that such a system ought to be fostered and encouraged.

(7) THE NURSING OF MALE PATIENTS BY FEMALE NURSES.

It is unfortunately the case, as was pointed out by the Royal Commissioners in 1857, that the services of women as nurses have not been sufficiently made available in the men's wards of asylums. On this subject prejudice and tradition have raised many objections, some of them, it must be admitted, of a reasonable nature, but most of them capable of being overcome. It would naturally be supposed that an insane man when sick, being doubly necessitous, should receive at any rate the same care and attention as a sane sick man, but until the year 1896 that had not been the case in any Scottish Asylum. In that year female nurses were placed in sole charge of the patients in the sick ward of the male hospital of one of the District Asylums. It is true that previous to that date female nurses were employed in one or two asylums in male sick-rooms, but it was not until the establishment of the "hospital" system, to which reference has been made, that any general tendency towards the substitution of female for male nursing in men's wards was manifested. Even at the present time the system is not either general or thorough, and although the asylums in which female nursing in the male wards has not been introduced at all are conspicuously rare, there are many institutions in which it is only partially employed in combination with a system of male nursing. On the other hand, in several of the larger and most successfully managed asylums in Scotland the male hospital wards are entirely staffed with female nurses. When it is considered that these asylum hospitals have for several years received and successfully treated, with a few exceptions, all the recently admitted male patients, the sick, the infirm, as well as those suffering from exacerbations of their mental affections and from such diseases as epilepsy and general paralysis, it must in fairness be conceded to the advocates of this movement that, with proper safeguards, the system of nursing male patients by female nurses alone is not only possible but in every

respect desirable. The promoters of the system also claim for it that most of the male insane are more easily managed by women, and that even some patients who are apt to be turbulent and troublesome under the care of male attendants are more docile and more amenable under female nursing. It is also claimed, with some reason, that the tendency to violent conduct which occasionally results in regrettable struggles with male attendants is reduced to a minimum when the male patients who exhibit this tendency happen to be placed under the care of female nurses. The motives which actuated this change—the desire to introduce among the male insane the gentleness and tenderness which female nursing admittedly confers upon the sane inmates of public hospitals—is entirely laudable, and it is gratifying to observe that it is gradually increasing in practice. In 1900 the whole number of female nurses employed in nursing male pauper patients or male private patients associated with pauper patients in Scottish Asylums was only 29, or 1 to about 165 of these patients.* At the present time it is estimated that there are about 125 female nurses thus employed, or about 1 nurse to 55 male patients of the class described. The employment of female nurses for the care of sick or infirm male patients has led within the last ten or twelve years to a new departure in the administration of some of the larger and more modern asylums containing an aggregate of nearly 6000 patients. The asylums especially referred to are 8 in number; in 5 of them the system about to be described is employed in its entirety; in the other 3 it is adopted with some modifications, the chief of which is the retention of a male head attendant in charge of the male division. 1. The first feature of the new system is the appointment of a lady matron, who is a trained hospital nurse, to the charge of the whole asylum under the Medical Superintendent. In one of the smaller asylums of the group the Superintendent is a lady. 2. The appointment of a night matron, whose duty it is to supervise the work of the night attendants, both male and female. 3. The appointment of trained hospital nurses designated "Assistant Matrons," who practically control and supervise each division of the asylum under the matron. 4. The employment of a greatly increased staff of female nurses on the male side of the institution. The following comment on this system when first introduced occurs in the Forty-Fifth Report of the Board, 1903 (pages xxxvi and xxxvii): "That differences of opinion regarding the introduction of administrative changes so radical and so complete in their nature should exist is only natural. . . . The development of the many deviations from the established methods of asylum management which have been detailed above were watched by the Commissioners at first with great interest and with suspended judgment. Any criticism which prejudice or a want of experience of such methods might have suggested has latterly been disarmed by the undoubted success which has attended the operation of this new mode of administration, at any rate under the present management of this asylum."

Since these words were written, eleven years ago, the system has, by its success in other asylums into which it has been introduced, passed from the experimental to the accepted order of asylum administration.

* See Return in Appendix F. of Forty-Second Report.

(8) THE SEGREGATE OR VILLAGE TYPE OF ASYLUM.

Within the past ten years four asylums of this description—the Aberdeen City, the Dumfries Royal, the Edinburgh City, and the Renfrew District Asylums—have been constructed in Scotland. They consist of separate buildings on the model of the German Asylum of Altscherbitz and its later continental copies. In the Edinburgh and Renfrew Asylums the wards for the reception of new patients are attached to the administrative block; in the Aberdeen Asylum the hospital block is detached. In the Aberdeen and Renfrew Asylums the kitchens and stores are attached, in the Edinburgh Asylum they are separate from the administrative block. The Second and Third Divisions of the Crichton Royal Institution, Dumfries, recently rebuilt, consist of segregate buildings, with separate detached hospitals for each division. Various other unimportant distinctions between the construction of these asylums might be mentioned, but they have this in common, that the administrative department, the hospitals, kitchens, stores, laundry, &c., are built for a maximum number of patients, and the several villas for patients, which vary in size and construction, are erected to meet the immediate requirements in respect to accommodation, and can be increased in number as occasion requires. Although of foreign origin this form of asylum adapts itself perfectly to the various administrative advances referred to in this article, and had these not been previously carried into effect it would have been found impossible to adapt this type of asylum to lunacy administration in this country. As has been already stated more than once, the primary aim of all the changes in lunacy administration referred to has been to assimilate the life of the insane, as nearly as possible, to ordinary social life. The unavoidable feature of the older asylum construction was the "barracks" type of the buildings; the village asylum is a step nearer home life. Not only so, but it gives greater facilities for taking advantage of the opportunities for outdoor work and exercise in the open air, which the Scottish Asylums possess in respect of the large amount of land at their disposal.

(9) OBSERVATION WARDS AND PATHOLOGICAL LABORATORIES.

In the First Report of the Board, 1859 (page xi) occurs the following passage: "We are inclined to think that adjunct houses, in which patients afflicted with certain forms of insanity could be received without the strict legal formalities at present required, would prove a beneficial modification of our asylums and would tend to increase recoveries by inducing patients and their friends to have recourse to treatment before the malady had become confirmed." Until observation wards for patients labouring under incipient forms of mental disease were instituted by the Parish Council of Glasgow in 1890 the foregoing aspiration was not given effect to. The success attending this experiment in Glasgow was so great as to induce the Parish Council to provide special wards for the purpose, containing 25 beds for each sex, in connection with their new parochial hospital at Duke Street. These wards, which are spacious and handsome and admirably designed for their purpose, were opened in 1904. The Parish Councils of Govan,

Paisley, and Dundee followed the example of Glasgow, and this led the Local Government Board—the Department officially responsible for Poor Law Administration—to take measures for the prevention of any possible abuses or irregularities which might arise by placing all these wards under clearly defined regulations. Consequently, after conference with the General Board of Lunacy, a series of Regulations, the result of a collaboration of the two Central Boards, were drawn up. The Regulations dealt with such matters as sufficiency of space, the adequacy of the medical and nursing staff, the institution of registers, and the duration of residence (which was limited to six weeks except in special cases where permission for a longer residence was granted). It was also arranged that the Medical Commissioners of the Board of Lunacy should inspect these wards at regular intervals and report on their state. The work accomplished in the Glasgow wards, more especially in the last ten years, in preventing many hundreds of patients from entering asylums and in giving the needed rest and nursing to many hundreds of nervous persons, who would otherwise have broken down in health, it may be permanently, has been of the most useful and humane description.

In the year 1897 there was founded in Edinburgh a Pathological Laboratory, supported by the voluntary contributions of 18 of the Scottish Asylums, for pathological research into the causes of insanity and the changes which occur in the nervous system in the course of mental diseases. A second object was the training of the Assistant Medical Officers of the Associated Asylums in pathological methods, and the purchase of books and magazines to serve as a lending and reference library. A skilled pathologist was appointed to be the head of this Laboratory. In their Fiftieth Report the Board remark: "The Medical Commissioners have recently visited the Laboratory and they have reported favourably upon the amount and the nature of the work that is being done in it. . . . The Laboratory is supported by the voluntary contributions of most of the Royal and District Asylums in Scotland, but we regret to observe that some asylums have withdrawn from the scheme. We would prefer to see work of this importance placed upon a more secure financial basis than the voluntary payment of annual sums which are liable to be withdrawn by, it may be, a chance vote in elected bodies varying from time to time in their constitution. . . . Scientific research of this kind is necessarily laborious and moves slowly step by step, and for that reason among others it is of the first importance that it should be uninterrupted and as liberally endowed as possible." Some three years ago a second Pathological Laboratory was formed in the West of Scotland also by the voluntary subscriptions of eight or nine asylum Boards. Section 72 of the Mental Deficiency and Lunacy (Scotland) Act, 1913, makes it for the first time lawful for District Boards of Lunacy to contribute money to this laudable scheme. It is also hoped that the Government may be induced to contribute an adequate grant towards the endowment of this important form of research.

The foregoing are the chief administrative changes which have taken place in Scottish Asylums since the institution of the General Board of Lunacy fifty-six years ago. They have not been introduced without much thoughtful care and anxiety or without strenuous

opposition, and, it may be added, without considerable cost to the ratepayer. What portion of the increased cost of asylums in Scotland falls to be attributed to the introduction of improvements in the care and comfort of the patients it would be impossible to say, for labour, building materials, provisions, and clothing, have all risen steadily in price in the period embraced in this review. If we choose a period of twenty years and selecting first the years 1888-91, we find the average cost of maintenance per patient in District Asylums during these three years to be £23 13s. 9d.; and the amount of assessment for providing accommodation to be £12 1s. 11d.—a total annual charge of £35 15s. 8d. per patient. In the three years 1908-11 the corresponding figures are £26 5s. 8d. and £18 8s.—or a total charge of £44 13s. 8d. Thus in the three latter years of the period from 1891-1911 each patient cost £8 18s. more than in the three former years. Of that excess £6 6s. 1d. goes towards the cost of accommodation and £2 11s. 11d. towards maintenance. The attitude of the Board towards asylum buildings has always been in the direction of strongly advocating economy not only for the sake of economy in itself, but because the rapid change of views—as may be inferred from the preceding sketch—with regard to the care and treatment of the insane, often renders the erection of too solid and too elaborate buildings a positive hindrance to the carrying out of progressive changes. Unfortunately the legislature has not invested the Board with any control over the expenditure of money on buildings beyond the power of approving or disapproving of sites and of the plans according to which asylum buildings are to be constructed.

With regard to the promotion of those improvements and changes in asylum administration which have been referred to in the preceding pages, the Board accept the fullest responsibility, subject to the circumstance already frequently stated that they originated with and were successfully carried out by a succession of zealous and brilliant medical superintendents. All the advances referred to above, and others too numerous to mention in the treatment and care of the insane, are due to medical men and to the application of medical ideas to asylum administration. But while that is so, the medical officer of an asylum is merely the servant, though often the trusted adviser, of his directors. It says much, therefore, for the intelligent interest and the humane sympathies of the public boards which control local lunacy administration in Scotland that they have, throughout the long period of fifty-six years, so ungrudgingly and so unremittingly given their labour and their time to the fulfilment of measures for the amelioration of the lot of the most helpless and the most pitiable class of the community.

XIII. THE MENTAL DEFICIENCY AND LUNACY (SCOTLAND) ACT, 1913.

It is impossible for us in the space at our disposal in this report to refer to the provisions of the Mental Deficiency Act. We hope to be able to describe its details in a future report. During the 48 years which have elapsed since any Lunacy legislation of importance was passed for Scotland, matters have repeatedly come under our observation pointing to the necessity for amending defects in the Lunacy Acts or for extending their provisions. The sections of the Lunacy

Amendment Act which forms part of the Mental Deficiency Act, 1913, fulfils to a great extent most of these deficiencies. The main provisions of the amending part of the Act referring to the Lunacy Laws are as follows :—

To provide that plans, specifications, and estimates for the erection and enlarging of accommodation for patients in all establishments for the insane in Scotland shall be submitted to the Board and receive their sanction before being put into execution :

To enable the Board in all cases to determine the number of patients which may be received into any establishment for the insane, and to provide that no larger number shall be received without the Board's sanction :

To extend the provisions with regard to the reception of private patients into District Asylums :

To give the Commissioners extended powers in the matter of visiting any establishment or house in which they have reason to believe that persons, not being persons under the care of their natural guardians, are resident on account of mental disorder or defect without legal authority :

To modify the terms of the certificate granted after three years of residence have passed and annually thereafter, which is at present necessary in order to keep in force the Sheriff's Order in the case of patients in asylums, and to provide that when a patient in an asylum has been removed with the sanction of the Board to the lunatic wards of a poorhouse or to a private house he may be transferred back to the asylum with the sanction of the Board, and be received therein in virtue of the Sheriff's original Order for reception :

To define more clearly the persons at whose instance private patients may be discharged from asylums :

To amend the provisions for the protection of female patients in asylums and in private houses from acts of sexual immorality :

To extend the existing provisions for the protection of insane persons not kept for gain who are harshly or cruelly treated, who are subjected to restraint or coercion, so as to cover the case of those who are seriously neglected or are inadequately protected from sexual danger :

To provide against the removal from the Poor Roll of pauper patients for whose removal to an asylum or to another house or guardian the Board have issued an order :

To provide that a person desiring to enter an asylum as a voluntary boarder may be received on his own written application, but may not be kept for more than three days without the written authority of a Commissioner of the Board :

To provide that as regards the receipt and transmission of letters to and from patients the Sheriff of the County in which the asylum is situated shall be put in the same position as the Board ; and that the provisions of the Act in regard to visitors to patients shall be placed upon a somewhat wider basis than is the case at present :

To provide that the powers of the Board to initiate proceedings for the appointment of a Judicial Factor shall not as formerly be confined to persons who are being detained and taken charge of as lunatics :

To provide that pauper patients for whose removal from Scotland an Order is sought need not personally appear in Court as was necessary under certain provisions of the Poor Law dealing with paupers :

To provide that in future District Boards of Control shall pay one half of the cost of maintaining paupers chargeable to Parish Councils within their District who are maintained in District Asylums, lunatic wards of poorhouses, or private dwellings :

To provide for the audit of the accounts of District Boards by placing such Boards in that respect upon the same footing as Parish Councils :

To amend the provisions relating to the acquisition of land by District Boards of Control :

To amend the Asylums Officers' Superannuation Act, 1909, so as to provide that any time previously served by an established officer or servant of an aslyum, in a parochial asylum or in the lunatic wards of a poorhouse, shall be counted as if it had been served in a District Asylum :

To provide for the more certain determination of parishes to be held chargeable with lunatics and insane prisoners sent to asylums, and to provide that in the case of such prisoners undergoing sentence, the order for their reception into an asylum shall not lapse on expiry of the term of sentence as was formerly the case :

To enable the District Boards of Control to make annual contributions towards any pathological laboratory having for its object the investigation into the pathology of mental diseases :

To provide that any persons putting the Act into force, presenting a petition, signing a certificate, or giving a report or certificate under the Lunacy Laws shall not be liable to any civil or criminal proceedings, whether on the ground of want of jurisdiction or any other ground, if such person has acted in good faith and with reasonable care :

To provide that the Board may if they think fit prescribe the class or classes of houses to which any requirement of the Lunacy Acts referring to a house shall be held to apply or exempt any or every class of house from any of these requirements :

To amend the provisions for the election of District Boards of Control, and to provide for the representation of women and of Parish Councils on such Boards.

Dr. John Carswell, Glasgow, has been appointed to be an additional Commissioner ; and Dr. J. P. Sturrock, Perth, and Dr. Kate Fraser, Glasgow, have been appointed to be additional Deputy Commissioners under the provisions of the Mental Deficiency and Lunacy (Scotland) Act, 1913.

We have the honour to be,

SIR,

Your most obedient humble Servants,

THOMAS MASON, *Chairman*
JOHN COWAN.
JOHN WILSON.
JOHN MACPHERSON.
HAMILTON C. MARR.
JOHN CARSWELL.

A. D. WOOD,
Secretary.

Edinburgh, 29*th April* 1914.

CONTENTS OF APPENDICES.

APPENDIX A.

STATISTICAL HISTORY OF LUNATICS FROM 1900 TO 1913.

PAGE

I. Table showing the Number of Lunatics in Establishments and in Private Dwellings, classifying them as Private and Pauper Patients, and distinguishing between the Sexes, on 1st January of each year, 1901 to 1914 1

II. Table showing the different Modes in which Lunatics have been provided for on 1st January of each year from 1901 to 1914 . 2

III. Table showing the Proportions of Private Lunatics and of Pauper Lunatics in Asylums and in Private Dwellings, per 100,000 of the population; the Proportion of Registered Paupers, per 100,000 of the population; and the Proportion of Pauper Lunatics, per 100,000 of Registered Paupers, for each year from 1901 to 1914 . 3

IV. Table showing the Total Number of Private and Pauper Lunatics on the Register at 1st January of each year, from 1900 to 1914, the Number placed each year on the Register from 1900 to 1913, the Number removed therefrom each year by Discharge or Death, and the Proportion of Deaths per cent. of the Average Number on the Register 4

V. Table showing for each year, from 1900 to 1913, the Total Number of Private and Pauper Lunatics in Scotland registered during the year, who had never previously been registered as Lunatics, and the Proportion of such Lunatics per 100,000 of Population . . 5

VI. Table showing the Numbers of Private and Pauper Lunatics resident in Royal, District, Private, and Parochial Asylums, and in Lunatic Wards of Poorhouses, on 1st January of each year from 1900 to 1913; the Numbers thereinto Admitted, the Numbers therefrom Discharged Recovered and not Recovered; the Numbers transferred from one Establishment to another; and the Numbers that Died therein, in each of the said years 6

VII. Table showing the Numbers of Admissions to Asylums and other Establishments, excluding Transfers from one Establishment to another, in each year from 1900 to 1913 7

VIII. Table showing the Numbers of Discharges from Asylums and other Establishments, excluding Transfers, and the Numbers of Deaths therein during each year from 1900 to 1913 . . . 8

IX. Table showing the Results of Treatment in different classes of Establishments for each year from 1900 to 1913 9

X. Table showing the Annual Number of Deaths and Classification of all recorded Causes of Death of Patients who died in Asylums and other Establishments in the years 1902–1913 . . . 13

XI. Table showing the Statistics of Pauper Lunatics in Private Dwellings for each year from 1900 to 1913 19

XII. Table showing the Number of Pauper Lunatics belonging to each County, who were placed on the Register, and sent to Asylums or left in Private Dwellings in each year from 1900 to 1913 . . 20

XIII. Table showing the Number of Pauper Lunatics belonging to each County, who were transferred from Private Dwellings to Establishments, or from Establishments to Private Dwellings, in each year from 1900 to 1913 24

XIV. Table showing the Number of Pauper Lunatics chargeable to each County, who were resident in Establishments and in Private Dwellings respectively, on 1st January of each year from 1901 to 1914 28

STATISTICS OF LUNATICS FROM 1ST JANUARY 1913 TO 1ST JANUARY 1914.

XV. Table showing the Number of Private and Pauper Lunatics of each Sex, in each Royal and District Asylum, Private Asylum, Parochial Asylum, and Licensed Poorhouse, on 1st January 1914 32

XVI. Table showing the Number of Pauper Lunatics of each Sex chargeable to each County on 1st January 1914, and the manner of their disposal 33

PAGE

XVII. Table showing the manner in which the Pauper Lunatics chargeable to each County, placed on the Register during 1913, were disposed of, and the changes that have taken place during the year in the disposal of those on the Register on 1st January of that year . 34

XVIII. Table showing the Number of Orders granted by the Sheriffs for Admission of Lunatics into any Public, Private, or District Asylum or House, stating the Asylum or House to which such Order was sent, during the year ending 31st December 1913 . 35

XIX. Table showing the Number of Licences granted by the Board for the Continuance, Establishment, or Renewal of Charitable Institutions, Private Asylums, and Lunatic Wards of Poorhouses, and the Transfer of any such Licence from any one Establishment to another, during the year ending 31st December 1913 . 37

XX. Table showing the Average Number of Patients resident, and the results of Treatment in each Asylum or other Establishment, for the year 1913 38

XXI. Tables showing the Classification of all recorded Causes of Death of Patients who died in Asylums and other Establishments in the year 1913 41

STATISTICS RELATING TO EXPENDITURE FOR LUNATICS.

XXII. Table showing the Expenditure for each County on account of Pauper Lunatics during the Year ending 15th May 1913 . 47

XXIII. Table showing the Expenditure by Parish Councils on account of Pauper Lunatics for each year from 1889–90 to 1912–1913 . 51

XXIV. Table showing the Average Daily Cost of Maintenance of Pauper Lunatics in the different classes of Establishments, and in Private Dwellings, in each of the eight years 1905–06 to 1912–13 51

XXV. Table showing the Daily Rate of Maintenance for each mode of providing for Pauper Lunatics in each County during the year ended 15th May 1913 52

XXVI. Table showing the present Rates of Board per Annum in Royal, District, and Parochial Asylums, in Lunatic Wards of Poorhouses, and in Training Schools 53

XXVII. and XXVIII. Tables showing the Expenditure by District Boards of Lunacy in Providing, Building, Repairing, and Fitting-up, and Furnishing District Asylums, and on the Maintenance and Management of Pauper Lunatics in such Asylums, during the Financial year 1912–1913 54–60

XXIX. Table showing the Quantity per Inmate of the various Articles of Dietary, and of Tobacco and Fuel, supplied to each District Asylum during the Financial year 1912–1913, and the Price of each Article supplied 61

XXX. Table showing the Quantities and Estimated Values of Articles supplied to District Asylums from Asylum Farms and Gardens during the Financial year 1912–1913, and Prices at which the Produce supplied has been estimated 67

XXXI. Table showing the Acreage of Farms attached to District Asylums, Receipts and Expenses of such Farms and of Gardens during the Financial year 1912–1913, and Profits shown on the Year's Transactions 68

List of Lunacy Districts in Scotland with the Names and Addresses of the Clerks to the District Lunacy Boards . . . 69

APPENDIX B.

Entries made by the Commissioners in the Patients' Books of Public, District, Private, and Parochial Asylums, Lunatic Wards of Poorhouses, Imbecile Training Schools, and the Criminal Lunatic Department of H.M. Prison, Perth, on the occasion of their Statutory Visits to these Establishments during the year 1913 70

Royal and District Asylums—

Aberdeen Royal Asylum 70

Aberdeen City District Asylum 72

Argyll District Asylum 74

Ayr District Asylum 75

PAGE

Royal and District Asylums—
- Banff District Asylum 77
- Crichton Royal Institution, Dumfries 79
- Dundee Royal Asylum 81
- Dundee District Asylum 82
- Edinburgh Royal Asylum 84
- Edinburgh District Asylum 86
- Elgin District Asylum 88
- Fife and Kinross District Asylum 90
- Glasgow Royal Asylum 92
- Glasgow District Asylum, Gartloch 93
- Glasgow District Asylum, Woodilee 95
- Govan District Asylum 98
- Haddington District Asylum 100
- Inverness District Asylum 102
- Kirklands Asylum 104
- Lanark District Asylum 105
- Midlothian District Asylum 107
- Montrose Royal Asylum 109
- Paisley District Asylum 111
- Murray's Royal Asylum, Perth 112
- Perth District Asylum 114
- Renfrew District Asylum 115
- Roxburgh District Asylum 117
- Stirling District Asylum 119

Private Asylums—
- Balgreen Asylum 120
- New Saughton Hall Asylum 121
- Westermains Asylum 122

Parochial Asylum—
- Greenock Parochial Asylum 122

Lunatic Wards of Poorhouses—
- Buchan Combination Poorhouse 124
- Cuninghame Combination Poorhouse 125
- Dumbarton Combination Poorhouse 126
- Dundee East Poorhouse 127
- Govan Combination Poorhouse. 127
- Inveresk Combination Poorhouse 128
- Kincardine Combination Poorhouse 129
- Lewis Poorhouse 130
- Linlithgow Poorhouse 131
- Long Island Combination Poorhouse 132
- Old Monkland Poorhouse 133
- Paisley Poorhouse 133
- Perth Poorhouse 134
- Wigtown Combination Poorhouse 135

Training Institutions for Imbeciles—
- Baldovan 136
- Larbert 138

Criminal Lunatic Department of H.M. Prison at Perth . . . 139

APPENDIX C.

General Reports on Visitation of Patients in Private Dwellings :—
- By Dr. C. Macpherson 141
- By Dr. R. Cunyngham Brown 145

APPENDIX A.—Table I.*

The Number of Lunatics in Establishments and in Private Dwellings classifying as Private and Pauper Patients, and distinguishing between the Sexes, on 1st January of each Year from 1901 to 1914.

At 1st January.	Number of Private Lunatics.						Number of Pauper Lunatics.						Totals.		
	In Asylums.			As Patients in Private Dwellings under Sheriff's Order or Sanction of Board.			In Asylums and Lunatic Wards of Poorhouses.			In Private Dwellings.			Private.	Pauper.	Total.
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.			
1901	969	1121	2090	47	77	124	5197	5395	10,592	1064	1605	2669	2214	13261	15475
1902	995	1139	2134	49	81	130	5442	5508	10,950	1051	1580	2631	2264	13581	15845
1903	964	1151	2115	47	82	129	5613	5711	11,324	1068	1574	2642	2244	13966	16210
1904	1026	1200	2226	45	82	127	5679	5725	11,404	1077	1581	2658	2353	14062	16415
1905	1022	1232	2254	44	81	125	5841	5859	11,700	1114	1590	2704	2379	14404	16783
Average of the 5 Years.	**995**	**1169**	**2164**	**46**	**81**	**127**	**5554**	**5640**	**11,194**	**1075**	**1586**	**2661**	**2291**	**13855**	**16146**
1906	1016	1224	2240	46	80	126	5906	5922	11,828	1154	1598	2752	2366	14580	16946
1907	999	1243	2242	46	87	133	6067	5905	11,972	1174	1600	2774	2375	14746	17121
1908	1012	1295	2307	43	84	127	6182	6018	12,200	1172	1608	2780	2434	14980	17414
1909	1030	1329	2359	39	80	119	6271	6106	12,377	1209	1617	2826	2478	15203	17681
1910	982	1304	2286	36	84	120	6380	6163	12,543	1222	1621	2843	2406	15386	17792
Average of the 5 Years.	**1008**	**1279**	**2287**	**42**	**83**	**125**	**6161**	**6023**	**12,184**	**1186**	**1609**	**2795**	**2412**	**14979**	**17391**
1911	1014	1289	2303	38	78	116	6507	6255	12,762	1239	1639	2878	2419	15640	18059
1912	1040	1299	2339	37	79	116	6661	6402	13,063	1268	1633	2901	2455	15964	18419
1913	1022	1303	2325	33	79	112	6758	6448	13,206	1282	1627	2909	2437	16115	18552
1914	1039	1315	2354	35	75	110	6884	6501	13,385	1254	1579	2833	2464	16218	18682

* Inmates of Schools for Imbeciles and in the Criminal Lunatic Department of Perth Prison are not included in this Table. Their numbers at 1st January of each year from 1901 to 1914 will be found in the Table following.

APPENDIX A.—Table II.

The different Modes in which Lunatics, both Private and Pauper, have been provided for on 1st January of each Year from 1901 to 1914.

YEARS.	In Royal and District Asylums.	In Private Asylums.	In Parochial Asylums, Lunatic Wards of Poorhouses with Unrestricted Licence.	In Lunatic Wards of Poorhouses with Restricted Licence.	In Private Dwellings.	Total Number of Registered Lunatics.	In Criminal Lunatic Department of Perth Prison.	In Training Schools.	General Total.
1901	10967	126	544	1045	2793	15475	46	378	15899
1902	11289	130	550	1115	2761	15845	46	397	16288
1903	11659	125	502	1153	2771	16210	51	397	16658
1904	11845	125	508	1152	2785	16415	53	426	16894
1905	12364	123	520	947	2829	16783	50	408	17241
Average of 5 Years.	11625	126	525	1082	2788	16146	49	401	16596
1906	12457	121	531	959	2878	16946	51	453	17450
1907	12753	104	566	791	2907	17121	51	421	17593
1908	13099	97	568	743	2907	17414	49	445	17908
1909	13350	90	560	736	2945	17681	51	465	18197
1910	13704	88	213	824	2963	17792	53	492	18337
Average of 5 Years.	13072	100	488	811	2920	17391	51	455	17897
1911	13939	90	202	834	2994	18059	56	521	18636
1912	14250	85	206	861	3017	18419	55	560	19034
1913	14380	82	228	841	3021	18552	56	580	19188
1914	14586	71	226	856	2943	18682	62	602	19346

APPENDIX A.—Table III.

Proportions, founded on the figures of Table I., of Private Lunatics and of Pauper Lunatics in Asylums and Private Dwellings per 100,000 of the Population; the Proportion of Registered Paupers per 100,000 of Population; and the Proportion of Pauper Lunatics per 100,000 of Registered Paupers, for each Year from 1901 to 1914.

YEARS.	Population.*	Proportions per 100,000 of Population.								Proportion of Pauper Lunatics in every 100,000 of Registered Paupers.
		Private Lunatics.			Pauper Lunatics.			* Total Registered Lunatics.	* Total Registered Paupers.	
		In Asylums.	In Private Dwellings.	Total.	In Asylums and other Establishments.	In Private Dwellings.	Total.			
1901 . .	4,479,065	47	3	50	239	60	299	349	1457	20,520
1902 . .	4,507,048	48	3	51	244	59	303	354	1444	20,997
1903 . .	4,535,201	47	3	50	251	59	310	360	1451	21,359
1904 . .	4,563,530	49	3	52	251	59	310	362	1471	21,082
1905 . .	4,592,036	49	3	52	256	59	315	367	1542	20,469
Av. of 5 Yrs.		48	3	51	248	59	307	358	1473	20,885
1906 . .	4,620,720	49	3	52	258	60	318	370	1571	20,208
1907 . .	4,649,586	48	3	51	259	60	319	370	1568	20,354
1908 . .	4,678,629	49	3	52	262	60	322	374	1553	20,748
1909 . .	4,707,858	50	3	53	265	60	325	378	1579	20,575
1910 . .	4,737,268	49	2	51	267	60	327	378	1577	20,702
Av. of 5 Yrs.		49	3	52	262	60	322	374	1570	20,517
1911 . .	4,751,000	49	2	51	269	61	330	381	1555	21,238
1912 . .	4,741,300	49	2	51	275	61	336	387	1369	24,552
1913 . .	4,733,700	49	2	51	279	61	340	391	1400	24,274
1914 . .	..	50	2	52	283	59	342	394	1379	24,852

* The number of Lunatics is taken at the 1st January of each year, and the number of ordinary Paupers at 15th May preceding. The calculations are made on the Population of the previous year—*e.g.*, the calculations for 1914 are made on the Population for 1913—the Population being that of the middle of the year, as estimated by the Registrar-General. The estimates of the population for 1911 and for 1912 are subject to revision.

APPENDIX A.—Table IV.

Showing the Total Number of Private and Pauper Lunatics on the Register at 1st January of each year, from 1900 to 1914, the Number placed each year on the Register, the Number removed therefrom each year by Discharge or Death, and the Proportion of Deaths per cent. of the Average Number on the Register.

YEARS.	Number of Lunatics at 1st January of each Year.	Average Number of Lunatics on the Register in each Year.	Number placed on the Register in each Year.	Removed from the Register in each Year.			Excess of Number placed on the Register in each Year over Number removed from Register, including deaths.	Proportion of deaths per cent. on Average Number on the Register in each Year.
				By Recovery or otherwise ceasing to be under the cognizance of the Board.	Died.	Total.		
1900. . .	15229	15352·0	3454	1920	1288	3208	246	8·4
1901. . .	15475	15660·0	3481	1892	1219	3111	370	7·8
1902. . .	15845	16027·5	3660	1982	1313	3295	365	8·2
1903. . .	16210	16312·5	3616	2001	1410	3411	205	8·6
1904. . .	16415	16599·0	3658	1964	1326	3290	368	8·0
Average of 5 Years.		15990·2	3574	1952	1311	3263	311	8·2
1905. . .	16783	16864·5	3449	1860	1426	3286	163	8·5
1906. . .	16946	17033·5	3370	1747	1448	3195	175	8·5
1907. . .	17121	17267·5	3617	1821	1503	3324	293	8·7
1908. . .	17414	17547·5	3512	1799	1446	3245	267	8·2
1909. . .	17681	17736·5	3271	1647	1513	3160	111	8·5
Average of 5 years.		17289·9	3444	1775	1467	3242	202	8·5
1910. . .	17792	17925·5	3347	1618	1462	3080	267	8·2
1911. . .	18059	18239·0	3563	1763	1440	3203	360	7·9
1912. . .	18419	18485·5	3453	1698	1622	3320	133	8·8
1913. . .	18552	18617·0	3622	1867	1625	3492	130	8·7
1914. . .	18682							

APPENDIX A.—TABLE V.

Showing for each year, from 1900 to 1913, the Total Number of Private and Pauper Lunatics in Scotland, Registered during the year, who had never previously been Registered as Lunatics, and the Proportion of such Lunatics per 100,000 of Population.

YEAR.	Population of Scotland estimated to the middle of the Year.	Number of *Private* Lunatics Registered each year who had never previously been Registered.			Number of *Pauper* Lunatics Registered each year who had never previously been Registered.			Total number of Lunatics Registered each year who had never previously been Registered.			Proportion of Lunatics Registered each year who had never previously been Registered, per 100,000 of the Population.		
		Establishments.	Private Dwellings.	Total.	Establishments.	Private Dwellings.	Total.	Private.	Pauper.	Total.	Private.	Pauper.	Total.
1900	4,436,958	442	15	457	2141	99	2240	457	2240	2697	10·3	50·5	60·8
1901	4,479,065	444	10	454	2144	90	2234	454	2234	2688	10·1	49·9	60·0
1902	4,507,048	449	11	460	2280	105	2385	460	2385	2845	10·2	52·9	63·1
1903	4,535,201	523	11	534	2147	96	2243	534	2243	2777	11·8	49·5	61·2
1904	4,563,530	463	2	465	2223	113	2336	465	2336	2801	10·2	51·2	61·4
1905	4,592,036	447	5	452	2137	103	2240	452	2240	2692	9·8	48·8	58·6
1906	4,620,720	431	6	437	2029	100	2129	437	2129	2566	9·4	46·1	55·5
1907	4,649,586	481	7	488	2198	109	2307	488	2307	2795	10·5	49·6	60·1
1908	4,678,629	506	7	513	2170	105	2275	513	2275	2788	11·0	48·6	59·6
1909	4,707,858	407	8	415	2019	125	2144	415	2144	2559	8·8	45·5	54·3
1910	4,737,268	401	5	406	2112	125	2237	406	2237	2643	8·6	47·2	55·8
1911	4,751,000	410	7	417	2283	127	2410	417	2410	2827	8·8	50·7	59·5
1912	4,741,300	436	5	441	2157	117	2274	441	2274	2715	9·3	48·0	57·3
1913	4,733,700	456	3	459	2350	99	2449	459	2449	2908	9·7	51·7	61·4

The estimates of the population for 1911 and 1912 are subject to revision.

APPENDIX A.—Table VI.

The Numbers of Private and Pauper Lunatics resident in Royal, District, Private, and Parochial Asylums, and in Lunatic Wards of Poorhouses, on 1st January of each year from 1900 to 1913; the Numbers thereinto Admitted; the Numbers therefrom Discharged Recovered and Not Recovered; the Numbers Transferred from one establishment to another; and the Numbers that Died therein in each of the said years.

YEARS.	Number Resident at 31st December.				Number Admitted during Year (including Transfers).				Number Discharged during Year.								Number Transferred during Year.				Number of Deaths during Year.			
	Private.		Pauper.		Private.		Pauper.		Recovered.				* Not Recovered.				Private.		Pauper.		Private.		Pauper.	
									Private.		Pauper.		Private.		Pauper.									
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1900 . .	960	1110	5049	5282	284	296	1722	1698	103	136	622	654	84	84	476	432	22	15	280	241	98	72	466	492
1901 . .	969	1121	5197	5395	278	298	1739	1662	96	131	622	646	71	81	427	415	23	15	223	216	90	80	445	472
1902 . .	995	1139	5442	5508	257	328	1773	1840	135	139	666	680	82	84	410	445	15	22	224	276	86	95	506	514
1903 . .	1026	1200	5679	5725	300	354	1534	1439	113	161	642	649	106	105	613	657	37	40	378	439	69	89	579	548
1904 . .	1022	1232	5841	5859	315	323	2004	1955	119	124	628	646	106	101	693	645	41	34	450	418	102	62	513	534
Av. of 5 Yrs.	994	1160	5442	5554	287	320	1754	1719	113	138	636	655	90	91	524	519	28	25	311	318	89	80	502	512
1905 . .	1016	1224	5906	5922	263	319	1679	1631	114	130	606	609	71	100	453	375	17	20	213	177	80	103	559	578
1906 . .	999	1243	6067	5905	259	327	1937	1591	98	123	579	547	88	78	631	492	23	27	401	271	94	111	562	566
1907 . .	1012	1295	6182	6018	273	366	1802	1811	94	138	620	583	73	93	456	523	17	14	260	343	99	90	607	582
1908 . .	1030	1329	6271	6106	282	368	1646	1585	117	117	572	609	76	114	370	364	20	20	168	150	71	100	614	257
1909 . .	982	1304	6380	6163	217	317	1684	1550	88	127	507	523	80	107	422	428	16	22	246	235	103	106	646	538
Av. of 5 Yrs.	1008	1279	6161	6023	259	339	1750	1634	102	127	577	574	78	98	466	436	19	21	258	235	89	102	598	558
1910 . .	1014	1289	6507	6255	240	298	1533	1604	73	142	473	558	57	87	330	376	19	13	149	182	81	82	600	581
1911 . .	1040	1299	6661	6402	276	292	1674	1658	87	123	572	589	85	85	335	362	14	16	146	163	80	66	613	566
1912 . .	1022	1303	6758	6448	253	339	1686	1607	77	121	523	567	80	96	407	362	17	23	203	173	107	121	667	628
1913 . .	1039	1315	6884	6501	269	352	1759	1673	85	137	626	573	80	105	376	347	19	22	175	155	99	97	619	701

* Including Patients transferred from one Establishment to another.

APPENDIX A.—Table VII.*

Number of Admissions to Asylums and other Establishments, excluding Transfers from one Establishment to another, in each Year from 1900 to 1913.

YEARS.	Number placed in Establishments, excluding Transfers from one Establishment to another.								
	Private.			Pauper.			General Total.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1900	262	281	543	1442	1457	2899	1704	1738	3442
1901	255	283	538	1516	1446	2962	1771	1729	3500
1902	242	306	548	1549	1564	3113	1791	1870	3661
1903	300	354	654	1534	1439	2973	1834	1793	3627
1904	274	289	563	1554	1537	3091	1828	1826	3654
Average of 5 Years	267	302	569	1519	1489	3008	1786	1791	3577
1905	246	299	545	1466	1454	2920	1712	1753	3465
1906	236	300	536	1536	1320	2856	1772	1620	3392
1907	256	352	608	1542	1468	3010	1798	1820	3618
1908	262	348	610	1478	1435	2913	1740	1783	3523
1909	201	295	496	1438	1315	2753	1639	1610	3249
Average of 5 Years	240	319	559	1492	1398	2890	1732	1717	3449
1910	221	285	506	1384	1422	2806	1605	1707	3312
1911	262	276	538	1528	1495	3023	1790	1771	3561
1912	236	316	552	1483	1434	2917	1719	1750	3469
1913	250	330	580	1584	1518	3102	1834	1848	3682

* Patients sent to Training Schools for Imbecile Children and to the Criminal Lunatic Department of Perth Prison are not included in this or the following Table.

APPENDIX A.—Table VIII.

The Numbers of Discharges from Asylums and other Establishments, excluding Transfers, and the Number of Deaths therein during each Year from 1900 to 1913.

YEARS.	Removals Recovered.		Removals Not Recovered, excluding Transfers.		Removals by Death.		Total Removals.		
	Private.	Pauper.	Private.	Pauper.	Private.	Pauper.	Private.	Pauper.	Total.
1900 . .	239	1276	131	387	170	958	540	2621	3161
1901 . .	227	1268	114	403	170	917	511	2588	3099
1902 . .	274	1346	129	355	181	1020	584	2721	3305
1903 . .	274	1291	134	453	158	1127	566	2871	3437
1904 . .	244	1273	132	470	164	1047	540	2790	3330
Average of 5 Years.	252	1291	128	413	168	1014	548	2718	3266
1905 . .	244	1215	134	438	183	1137	561	2790	3351
1906 . .	221	1126	116	451	205	1128	542	2705	3247
1907 . .	232	1203	135	376	189	1189	556	2768	3324
1908 . .	234	1181	150	416	171	1141	555	2738	3293
1909 . .	215	1030	149	369	209	1184	573	2583	3156
Average of 5 Years.	229	1151	137	410	191	1156	557	2717	3274
1910 . .	215	1031	112	375	163	1181	490	2587	3077
1911 . .	210	1161	140	388	146	1179	496	2728	3224
1912 . .	198	1090	136	393	228	1295	562	2778	3340
1913 . .	222	1199	144	393	196	1320	562	2912	3474

APPENDIX A.—TABLE IX.

The Results of Treatment in different classes of Establishments for each Year from 1900 to 1913.

(a) *Royal and District Asylums.*

ROYAL AND DISTRICT ASYLUMS.	Average Number Resident.			Admissions (Including Transfers).			Recoveries.			Discharges not Recovered (Including Transfers).			Deaths.			Proportion of Admissions per cent. on Number Resident.			Proportion of Recoveries per cent. on Admissions.			Proportion of Deaths per cent. on Number Resident.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
YEAR 1900 . .	5251·0	5580·5	10831·5	1803	1801	3604	662	720	1382	495	438	933	512	506	1018	34·3	32·3	33·3	36·7	40·0	38·3	9·8	9·1	9·4
,, 1901 . .	5429·5	5698·0	11127·5	1779	1738	3517	650	709	1359	430	429	859	481	496	977	32·8	30·5	31·6	36·5	40·8	38·6	8·9	8·7	8·8
,, 1902 . .	5611·5	5862·0	11473·5	1829	1966	3795	745	763	1508	402	423	825	538	553	1091	32·6	33·5	33·1	40·7	38·8	39·7	9·6	9·4	9·5
,, 1903 . .	5743·0	6009·5	11752·5	2038	2087	4125	690	752	1442	648	705	1353	578	567	1145	35·5	34·7	35·1	37·2	41·0	39·1	10·1	9·4	9·7
,, 1904 . .	6030·5	6283·0	12313·5	2120	2071	4191	681	712	1393	621	567	1188	556	535	1091	35·2	33·0	34·0	32·1	34·4	33·2	9·2	8·5	8·9
Average of 5 Years	**5613·1**	**5886·3**	**11499·4**	**1914**	**1932**	**3846**	**686**	**731**	**1417**	**519**	**512**	**1031**	**533**	**531**	**1064**	**34·1**	**32·8**	**33·4**	**35·8**	**37·8**	**36·8**	**9·5**	**9·0**	**9·3**
YEAR 1905 . .	6085·5	6325·0	12410·5	1770	1814	3584	672	691	1367	470	437	907	589	632	1221	29·1	28·7	28·9	38·0	38·1	38·0	9·7	10·0	9·8
,, 1906 . .	6179·5	6359·5	12538·5	2037	1769	3806	623	624	1243	576	437	1013	613	637	1250	33·0	27·8	30·4	30·6	35·3	32·8	9·9	10·0	10·0
,, 1907 . .	6416·5	6510·5	12927·0	1907	2015	3922	657	676	1333	429	550	979	651	613	1264	29·7	31·0	30·3	34·5	33·5	34·0	10·1	9·4	9·8
,, 1908 . .	6563·0	6661·5	13225·0	1790	1790	3580	624	658	1282	407	425	832	634	580	1214	27·3	26·9	27·1	34·9	36·8	35·8	9·7	8·7	9·2
,, 1909 . .	6806·0	6884·5	13690·5	1806	1782	3588	573	621	1194	441	478	919	716	613	1329	26·5	25·9	26·2	31·7	34·8	33·3	10·7	8·9	9·7
Average of 5 Years	**6410·1**	**6548·2**	**12958·3**	**1862**	**1834**	**3696**	**630**	**654**	**1284**	**465**	**465**	**930**	**641**	**615**	**1256**	**29·1**	**28·1**	**28·6**	**33·9**	**35·7**	**34·8**	**10·0**	**9·4**	**9·7**
YEAR 1910 . .	6878·0	6943·5	13821·5	1699	1817	3516	526	681	1207	365	427	792	654	629	1283	24·7	26·2	25·4	31·0	37·5	34·3	9·5	9·1	9·3
,, 1911 . .	7033·5	7058·0	14091·5	1860	1861	3721	636	699	1335	400	411	811	664	600	1264	26·4	26·4	26·4	34·2	37·6	35·9	9·4	8·5	9·0
,, 1912 . .	7152·5	7162·5	14315·0	1849	1873	3722	581	671	1252	467	432	899	727	714	1441	25·9	26·2	26·0	31·4	35·8	33·6	10·2	10·0	10·1
,, 1913 . .	7257·5	7223·5	14481·0	1918	1946	3864	677	692	1369	420	426	846	684	759	1443	26·4	26·9	26·7	35·3	35·6	35·4	9·4	10·5	10·0

APPENDIX A.—TABLE IX.—*continued.*

The Results of Treatment in different classes of Establishments for each Year from 1900 to 1913.

(b) *Private Asylums.*

PRIVATE ASYLUMS.	Average Number Resident.			Admissions (Including Transfers).			Recoveries.			Discharges not Recovered (Including Transfers).			Deaths.			Proportion of Admissions per cent. on Number Resident.			Proportion of Recoveries per cent. on Admissions.			Proportion of Deaths per cent. on Number Resident.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
YEAR 1900 . .	45·5	78·0	123·5	21	20	41	5	13	18	5	4	9	8	1	9	46·2	25·6	33·2	23·8	65·0	43·9	17·6	1·3	7·3
,, 1901 . .	45·5	82·5	128·0	8	22	30	5	8	13	3	4	7	3	3	6	17·6	26·7	23·4	62·5	36·4	43·3	6·6	3·6	4·7
,, 1902 . .	45·0	82·5	127·5	13	21	34	3	13	16	5	4	9	3	11	14	28·9	25·5	26·7	23·1	61·9	47·1	6·7	13·3	11·0
,, 1903 . .	49·0	78·0	127·0	18	12	30	4	8	12	5	2	7	7	4	11	36·7	15·4	23·6	22·2	66·7	40·0	14·3	5·1	8·7
,, 1904 . .	45·0	79·0	124·0	8	18	26	5	9	14	3	3	6	6	2	8	17·8	22·8	21·0	62·5	50·0	53·8	13·3	2·5	6·5
Average of 5 Years .	46·0	80·0	126·0	14	18	32	5	10	15	4	3	7	5	4	9	29·6	23·3	25·6	32·4	54·8	45·3	11·7	5·2	7·6
YEAR 1905 . .	43·5	78·5	122·0	13	13	26	6	6	12	2	8	10	2	4	6	29·9	16·6	21·3	46·2	46·2	46·2	4·6	5·1	4·9
,, 1906 . .	41·0	71·0	112·0	7	16	23	2	9	11	7	12	19	6	5	11	17·1	22·5	20·5	28·6	56·3	47·8	14·6	7·0	9·8
,, 1907 . .	35·5	64·5	100·0	7	10	17	3	4	7	3	5	8	4	4	8	19·7	15·5	17·0	42·9	40·0	41·2	11·3	6·2	8·0
,, 1908 . .	32·5	61·0	93·5	7	12	19	4	5	9	2	8	10	4	3	7	21·5	19·7	20·3	57·1	41·7	47·4	12·3	4·9	7·5
,, 1909 . .	32·0	57·0	89·0	5	6	11	2	4	6	..	4	4	1	2	3	15·6	10·5	12·4	40·0	66·7	54·5	3·1	3·5	3·4
Average of 5 Years .	36·9	66·4	103·3	8	11	19	3	6	9	3	7	10	3	4	7	20·8	17·0	18·3	43·0	50·2	47·4	9·2	5·3	6·7
YEAR 1910 . .	34·5	54·5	89·0	10	5	15	2	2	4	2	3	5	3	1	4	29·0	9·2	16·9	20·0	40·0	26·7	8·7	1·8	4·5
,, 1911 . .	35·0	52·5	87·5	3	6	9	..	4	4	2	4	6	3	1	4	8·6	11·4	10·3	..	66·7	44·4	8·6	1·9	4·6
,, 1912 . .	34·0	49·5	83·5	5	4	9	..	..	..	..	3	3	5	4	9	14·7	8·1	10·8	..		..	14·7	8·1	10·8
,, 1913 . .	31·5	45·0	76·5	3	2	5	3	3	6	1	3	4	4	2	6	9·5	4·4	6·5	100·0	150·0	120·0	12·7	4·4	7·8

APPENDIX A.—TABLE IX.—*continued.*

The Results of Treatment in different classes of Establishments for each Year from 1900 to 1913.

(c) *Parochial Asylums.*

(*Lunatic Wards of Poorhouses with Unrestricted Licences.*)

PAROCHIAL ASYLUMS.	Average Number Resident.			Admissions (Including Transfers).			Recoveries.			Discharges not Recovered (Including Transfers).			Deaths.			Proportion of Admissions per cent. on Number Resident.			Proportion of Recoveries per cent. on Admissions.			Proportion of Deaths per cent. on Number Resident.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
YEAR 1900 . . .	266·0	282·0	548·0	88	95	183	53	56	109	12	16	28	23	31	54	33·1	33·7	33·4	60·2	58·9	59·6	8·6	11·0	9·9
,, 1901 . . .	267·0	280·0	547·0	103	121	224	60	55	115	20	34	54	21	28	49	38·6	43·2	50·0	58·3	45·5	51·3	7·9	10·0	9·0
,, 1902 . . .	210·0	266·0	476·0	99	102	201	49	40	89	48	65	113	18	29	47	47·1	38·3	42·2	49·5	39·2	44·3	8·6	10·9	9·9
,, 1903 . . .	251·5	253·5	505·0	105	99	204	57	44	101	19	16	35	30	32	62	41·7	39·1	40·4	54·3	44·4	49·5	11·9	12·6	12·3
,, 1904 . . .	252·5	261·5	514·0	104	106	210	52	43	95	23	18	41	26	36	62	41·2	40·5	40·9	50·0	40·6	45·2	10·3	13·8	12·1
Average of 5 Years .	249·2	268·3	518·0	100	105	205	54	48	102	24	30	54	24	31	55	40·1	39·1	39·6	54·0	45·7	49·8	9·6	11·6	10·6
YEAR 1905 . . .	259·0	266·5	525·5	95	84	179	39	38	77	23	17	40	23	28	51	36·7	31·5	34·1	41·1	45·2	43·0	8·9	10·5	9·7
,, 1906 . . .	273·5	275·0	548·5	108	90	198	47	31	78	21	27	48	21	16	37	39·5	32·7	36·1	43·5	34·4	39·4	7·7	5·8	6·7
,, 1907 . . .	283·0	284·0	567·0	109	108	217	49	41	90	31	33	64	29	32	61	38·5	38·0	38·3	44·9	38·0	41·5	10·2	11·3	10·8
,, 1908 . . .	279·0	285·0	564·0	97	106	203	56	55	111	17	21	38	32	30	62	34·8	37·2	36·0	57·7	51·9	54·7	11·5	10·5	11·0
,, 1909 . . .	123·5	110·5	234·0	42	38	80	19	22	41	32	25	57	14	10	24	34·0	34·4	34·2	45·2	57·9	51·3	11·3	9·0	10·3
Average of 5 Years .	243·6	244·2	487·8	90	85	175	42	37	79	25	25	50	24	23	47	36·7	34·8	35·7	46·5	45·5	46·0	9·9	9·4	9·7
YEAR 1910 . . .	112·5	95·0	207·5	32	28	60	17	13	30	9	15	24	5	12	17	28·4	29·5	28·9	53·1	46·4	50·0	4·4	12·6	8·2
,, 1911 . . .	113·0	91·0	204·0	35	30	65	19	8	27	3	6	9	13	12	25	31·0	33·0	31·9	54·3	26·6	41·5	11·5	13·2	12·3
,, 1912 . . .	122·0	95·0	217·0	49	23	72	13	10	23	4	2	6	14	7	21	40·2	24·2	33·2	26·5	43·5	31·9	11·5	7·4	9·7
,, 1913 . . .	128·5	98·5	227·0	43	22	65	27	14	41	4	2	6	17	3	20	33·5	22·3	28·6	62·8	63·6	63·1	13·2	3·0	8·8

APPENDIX A.—TABLE IX.—*continued.*

The Results of Treatment in different classes of Establishments for each Year from 1900 to 1913.

(d) *Lunatic Wards of Poorhouses with Restricted Licences.*

LUNATIC WARDS OF POORHOUSES.	Average Number Resident.			Admissions (Including Transfers).			Recoveries.			Discharges not Recovered (Including Transfers).			Deaths.			Proportion of Admissions per cent. on Number Resident.			Proportion of Recoveries per cent. on Admissions.			Proportion of Deaths per cent. on Number Resident.		
	M.	F.	T.	M.	F.	T.	M.	F	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
YEAR 1900 . . .	528·5	521·0	1049·5	94	78	172	5	1	6	48	58	106	21	26	47	17·8	15·0	16·4	5·3	1·3	3·5	4·0	5·0	4·5
,, 1901 . . .	559·0	521·0	1080·0	127	79	206	3	5	8	45	29	74	30	25	55	22·7	15·2	19·1	2·4	6·3	3·9	5·4	4·8	5·1
,, 1902 . . .	590·5	543·5	1134·0	89	79	168	4	3	7	37	37	74	33	16	49	15·1	14·5	14·8	4·5	3·8	4·2	5·6	2·9	4·3
,, 1903 . . .	600·0	552·5	1152·5	88	74	162	4	6	10	47	39	86	33	34	67	14·7	13·4	14·1	4·5	8·1	6·2	5·5	6·2	5·8
,, 1904 . . .	600·5	545·5	1146·0	87	83	170	9	6	15	152	158	310	27	23	50	14·5	15·2	14·8	10·3	7·2	8·8	4·5	4·2	4·4
Average of 5 Years . .	575·7	536·7	1112·4	97	79	176	5	4	9	66	64	130	29	25	54	16·8	14·6	15·8	5·2	5·3	5·2	5·0	4·6	4·8
YEAR 1905 . . .	504·5	448·5	953·0	64	39	103	3	4	7	29	13	42	25	17	42	12·7	8·7	10·8	4·7	10·3	6·8	5·0	3·8	4·4
,, 1906 . . .	462·0	413·0	875·0	44	43	87	5	6	11	115	94	209	16	19	35	9·5	10·4	9·9	11·4	14·0	12·6	3·5	4·6	4·0
,, 1907 . . .	425·5	380·5	806·0	52	44	96	4	1	5	66	28	94	22	23	45	12·2	11·6	11·9	7·7	2·3	5·2	5·2	6·0	5·6
,, 1908 . . .	373·0	366·5	739·5	34	45	79	5	8	13	20	24	44	15	14	29	9·1	12·3	10·7	14·7	17·8	16·5	4·0	3·8	3·9
,, 1909 . . .	414·0	413·5	827·5	50	39	89	1	3	4	27	28	55	18	19	37	12·1	9·4	10·8	2·0	7·7	4·5	4·3	4·6	4·5
Average of 5 Years . .	435·8	404·4	840·2	49	42	91	4	4	8	52	37	89	19	18	37	11·1	10·5	10·8	8·1	10·4	9·1	4·4	4·6	4·5
YEAR 1910 . . .	416·5	412·5	829·0	32	52	84	1	4	5	11	18	29	19	21	40	7·7	12·6	10·1	3·1	7·7	6·0	4·6	5·1	4·8
,, 1911 . . .	423·0	417·5	840·5	52	53	105	4	1	5	15	26	41	13	19	32	12·3	12·7	12·5	7·7	1·9	4·8	3·1	4·6	3·8
,, 1912 . . .	432·0	419·0	851·0	36	46	82	6	7	13	16	21	37	28	24	52	8·3	11·0	9·6	16·7	15·2	15·9	6·5	5·7	6·1
,, 1913 . . .	433·0	415·5	848·5	64	55	119	4	1	5	31	21	52	13	34	47	14·8	13·2	14·0	6·3	1·8	4·2	3·0	8·2	5·5

APPENDIX A.—

The Annual Number of Deaths and Classification of all Recorded Establishments in

(1) *Private Patients in*

YEARS.	Average Number Resident.		Total Number of Deaths.		Number of foregoing Deaths which took place within a Year after Admission.		DISEASES. 1. Meningitis, Inflammation of Brain, Cerebro-Spinal Meningitis.	
	M.	F.	M.	F.	M.	F.	M.	F.
1902	886·5	1026·5	69	87	30	38	1	1
1903	888·5	1030·5	61	73	23	37	..	1
1904	902·5	1047·0	83	49	40	25	..	..
1905	903·0	1072·5	60	82	15	38	1	..
1906	893·0	1068·0	79	87	25	38	..	..
Absolute Annual Average	892·7	1048·9	70·4	75·6	26·6	35·2	0·4	0·4
Percentage of all Recorded Causes of Death	..	..	..	..	..	..	0·4	0·4
1907	890·0	1088·0	70	69	27	22	..	..
1908	903·5	1116·5	54	80	20	41	1	..
1909	893·0	1121·0	81	82	30	23	1	1
1910	890·0	1104·0	64	64	24	22	1	..
1911	901·0	1104·5	70	47	31	14	..	..
Absolute Annual Average	895·5	1106·8	67·8	68·4	26·4	24·4	0·6	0·2
Percentage of all Recorded Causes of Death	..	..	..	..	..	..	0·6	0·2
1912	904·5	1113·5	87	99	40	37	1	..
1913	906·5	1117·5	85	80	35	29	..	1

(2) * *Pauper*

1902	5513·5	5623·0	517	505	216	218	9	5
1903	5647·5	5756·5	582	560	244	245	1	4
1904	5935·0	6020·5	531	542	227	231	2	8
1905	5989·5	6046·0	579	599	249	251	11	4
1906	6062·5	6053·5	577	590	232	240	6	12
Absolute Annual Average	5829·6	5899·9	557·2	559·2	233·6	237·0	5·8	6·6
Percentage of all Recorded Causes of Death	..	..	..	..	..	..	0·8	0·8
1907	6270·5	6151·5	650	621	265	270	5	8
1908	6344·5	6257·5	631	547	275	217	2	5
1909	6482·5	6344·5	668	512	272	221	8	5
1910	6551·5	6401·5	617	599	249	236	3	5
1911	6703·5	6514·5	623	585	275	245	7	7
Absolute Annual Average	6470·5	6333·9	637·8	572·8	267·2	237·8	5·0	6·0
Percentage of all Recorded Causes of Death	..	..	..	..	..	..	0·5	0·7
1912	8636·0	6612·5	687	650	300	262	5	5
1913	6944·0	6665·0	633	718	276	302	6	4

* NOTE.—These figures include a few private patients in District Asylums having the same accom-

TABLE X.

Causes of Death of Patients who Died in Asylums and other
the Years 1902–1913.

Royal and Private Asylums.

OF THE NERVOUS SYSTEM.

2. General Paralysis of the Insane.		3. Cerebral Softening.		4. Epilepsy and Convulsions.		5. Hemiplegia, Apoplexy, Cerebral Hæmorrhage, Cerebral Embolism.		6. Other Organic Disease of Brain, *including* Tumours of Brain, Malignant and Non-Malignant.		7. Exhaustion from Mania or Melancholia, not caused by Nervous Disease otherwise designated.	
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
15	2	..	2	2	4	2	6	5	6	6	12
12	4	3	..	4	1	5	8	1	9	4	8
21	2	1	..	..	1	5	2	4	3	7	8
14	1	..	1	3	..	4	4	6	4	3	12
19	2	1	3	5	1	9	5	6	5	2	8
16·2	2·2	1·0	1·2	2·8	1·4	5·0	5·0	4·4	5·4	4·4	9·6
18·2	2·2	0·1	1·2	3·1	1·4	5·6	4·9	4·9	5·3	4·9	9·4
17	1	1	2	1	1	3	6	4	4	7	4
21	1	2	1	1	..	6	6	4	8	2	14
22	2	6	1	5	2	10	4	3	2	2	7
9	3	1	2	2	2	6	4	3	3	5	2
17	3	1	1	1	1	6	3	7	2	8	4
17·2	2·0	2·2	1·4	2·0	1·2	6·2	4·6	4·2	3·8	4·8	6·2
16·5	1·9	2·1	1·3	1·9	1·1	6·0	4·3	4·0	3·5	4·6	5·8
21	..	2	..	11	4	6	14	11	5	9	17
22	1	2	1	8	2	7	13	6	4	4	4

Patients.

124	34	17	8	33	22	38	43	12	18	17	41
154	29	18	14	45	33	49	40	13	20	25	35
111	41	16	25	32	28	44	47	9	18	18	38
129	47	22	29	40	30	49	55	25	28	20	40
136	42	8	22	38	28	40	42	14	28	26	42
130·8	38·6	16·2	19·6	37·6	28·2	44·0	45·4	14·6	22·4	21·2	39·2
17·0	4·9	2·1	2·5	4·9	3·6	5·7	5·7	1·9	2·8	2·8	5·0
154	44	18	34	35	24	46	43	31	51	20	34
154	23	15	12	52	13	57	42	29	51	27	46
147	36	19	19	49	28	52	36	25	41	31	35
135	36	20	19	41	26	38	41	39	66	28	38
145	40	18	25	40	27	41	39	51	56	45	82
147·0	35·8	18·0	21·8	43·4	23·6	46·8	40·2	35·0	53·0	30·2	47·0
15·8	4·1	1·9	2·5	4·7	2·7	5·0	4·6	3·8	6·0	3·2	5·4
142	40	23	23	44	28	33	60	49	68	48	56
160	38	17	31	43	30	38	56	40	52	46	84

modation and treatment as pauper patients, and drawn, as a rule, from much the same social class.

APPENDIX A.—

The Annual Number of Deaths and Classification of all Recorded Establishments in

(1) *Private Patients in*

YEARS.	DISEASES OF THE NERVOUS SYSTEM. 8. Paraplegia and Diseases of Cord, Locomotor Ataxy.		9. Neuritis and General Sclerosis of Nervous System.		Diseases of Blood Vessels. 10. Aneurism and Arterial Sclerosis and other Diseases of the Blood Vessels, excluding those tabulated under Column 5.		Diseases of 11. Pulmonary Phthisis.	
	M.	F.	M.	F.	M.	F.	M.	F.
1902	..	..	..	3	1	1	10	8
1903	1	..	1	..	1	2	5	7
1904	3	..	..	..	2	..	6	5
1905	1	..	..	..	1	1	6	6
1906	2	..	..	1	1	..	2	5
Absolute Annual Average	1·4	..	0·2	0·8	1·2	0·8	5·8	6·2
Percentage of all Recorded Causes of Death	1·6	..	0·2	0·8	1·3	0·8	6·5	6·1
1907	..	..	..	..	1	..	6	8
1908	1	..	..	..	2	2	2	8
1909	..	..	..	..	7	2	3	9
1910	..	..	..	..	10	5	5	9
1911	1	..	..	..	7	12	2	4
Absolute Annual Average	0·4	..	..	..	5·4	4·2	3·6	7·0
Percentage of all Recorded Causes of Death	0·4	..	..	..	5·2	3·9	3·5	6·5
1912	..	..	..	..	5	9	5	8
1913	..	1	..	..	12	7	4	5
(2) * *Pauper*								
1902	6	7	..	2	5	6	80	108
1903	9	6	1	3	6	6	69	100
1904	3	1	..	7	6	10	82	96
1905	6	..	..	3	3	16	71	98
1906	5	3	1	5	18	19	92	102
Absolute Annual Average	5·8	3·4	0·4	4·0	7·6	11·4	78·8	100·8
Percentage of all Recorded Causes of Death	0·8	0·4	..	0·5	1·0	1·4	10·3	12·8
1907	8	3	1	1	26	25	87	93
1908	6	4	..	5	13	18	83	98
1909	4	1	1	4	24	23	89	91
1910	7	2	..	5	27	25	88	87
1911	7	3	1	2	26	26	75	105
Absolute Annual Average	6·4	2·6	0·6	3·4	23·2	23·4	84·4	94·8
Percentage of all Recorded Causes of Death	0·7	0·3	0·1	0·4	2·5	2·7	9·0	10·8
1912	6	6	1	7	39	23	68	99
1913	3	2	1	3	24	30	86	102

* NOTE.—These figures include a few private patients in District Asylums having the same accom-

TABLE X.—(*continued*).

Causes of Death of Patients who Died in Asylums and other
the Years 1902–1913.

Royal and Private Asylums.

Respiratory System and Thorax.				Diseases of Heart.		Diseases of Digestive System.		Diseases of Genito-Urinary System.		GENERAL DISEASES.	
12. Pneumonia, Bronchitis, Pleurisy.		13. Other Forms of Pulmonary Disease.		14. Valvular Disease, Fatty Degeneration, Syncope, &c., &c.		15. Diseases of Mouth, Pharynx, Stomach (Non-Malignant), Intestines, Liver, and Peritoneum (Non-Tubercular).		16. Diseases of Kidney, Bladder, Prostate, &c., &c.		17. Dysentery (Colitis), Epidemic Diarrhœa, Infective Enteritis.	
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
4	8	3	6	10	16	3	7	3	4	..	..
8	9	..	6	7	5	4	9	6	6	..	1
11	6	2	3	16	4	3	6	3	4	1	..
5	19	3	3	9	15	2	6	5	5	..	3
11	17	4	1	18	2	2	4	7	4	..	..
7·8	11·8	2·4	3·8	12·0	4·2	2·8	6·4	4·8	4·6	0·2	0·8
8·8	11·6	2·7	3·7	13·5	4·0	3·1	6·3	5·4	4·5	0·2	0·8
13	6	1	4	16	16	5	4	..	2	..	1
4	13	6	7	10	21	1	4	5	3	..	..
10	19	3	5	18	24	4	3	3	12	..	1
18	21	1	2	23	16	6	6	2	4	..	..
14	17	3	6	17	26	3	1	8	9	..	1
11·8	15·2	2·8	4·8	16·8	20·6	3·8	3·6	3·6	6·0	..	0·6
11·3	14·1	2·7	4·5	16·2	19·1	3·7	3·3	3·5	5·6	..	0·6
16	22	8	6	19	34	7	4	5	12	..	2
14	23	5	7	25	34	2	2	10	8	..	1

Patients.

80	77	24	25	104	110	30	25	22	25	1	9
95	90	3	27	99	116	20	33	33	34	2	5
98	78	28	21	100	115	25	36	27	33	4	4
84	72	23	37	112	141	24	33	27	33	..	2
83	56	27	38	123	128	26	36	41	43	..	13
88·0	74·6	28·0	29·6	107·6	122·0	25·0	32·6	30·0	33·6	1·4	6·6
11·5	9·4	3·6	3·7	14·0	15·4	3·3	4·1	3·9	4·3	0·2	0·8
113	81	31	33	148	144	23	36	37	45	2	5
121	87	51	41	153	167	35	39	39	39	1	6
97	79	28	43	169	150	16	29	43	51	4	7
90	99	40	17	147	151	30	42	35	35	..	1
95	62	38	17	141	157	21	18	40	31	3	14
103·2	81·6	37·6	30·2	151·6	153·8	25·0	32·8	38·8	40·2	2·0	6·6
11·1	9·3	4·0	3·4	16·2	17·6	2·7	3·7	4·2	4·6	0·2	0·8
88	88	37	31	140	154	22	24	56	41	3	7
71	89	29	31	147	195	20	37	38	61	3	17

modation and treatment as pauper patients, and drawn, as a rule, from much the same social class.

APPENDIX A.—

The Annual Number of Deaths and Classification of all Recorded Establishments in

(1) *Private Patients in*

YEARS.	GENERAL							
	18. Diarrhœa not otherwise designated.		19. Erysipelas.		20. Abscess, Pyæmia, Septicæmia, and Cellulitis.		21. Typhoid, Influenza, and other Fevers.	
	M.	F.	M.	F.	M.	F.	M.	F.
1902	1	1	..	1	..	3	..	1
1903	..	1	..	..	1	..	1	2
1904	..	..	1	1	..	3	..	..
1905	..	..	..	..	1	2	..	..
1906	..	..	..	..	..	..	1	..
Absolute Annual Average	0·2	0·4	0·2	0·4	0·4	1·6	0·4	0·6
Percentage of all Recorded Causes of Death	0·2	0·4	0·2	0·4	0·4	1·6	0·4	0·6
1907	..	..	..	..	..	1	1	3
1908	..	..	..	..	2	1	1	1
1909	..	..	1	..	..	..	1	2
1910	..	..	..	..	1	2	..	3
1911	..	..	..	..	3	1	..	..
Absolute Annual Average	..	..	0·2	..	1·2	1·0	0·6	1·8
Percentage of all Recorded Causes of Death	..	..	0·2	..	1·2	0·9	0·6	1·7
1912	..	..	..	..	1	4	1	1
1913	..	1	..	..	2	..	..	3

(2) * *Pauper*

1902	1	2	5	10	16	10	6	10
1903	2	4	1	3	8	14	5	13
1904	3	5	4	1	5	11	6	2
1905	1	4	2	4	5	9	5	12
1906	..	1	2	..	5	10	8	5
Absolute Annual Average	1·4	3·2	2·8	3·6	7·8	10·8	6·0	8·4
Percentage of all Recorded Causes of Death	0·2	0·4	0·4	0·5	1·0	1·4	0·8	1·1
1907	..	2	2	3	7	10	6	5
1908	..	1	2	2	4	7	10	16
1909	2	1	3	3	9	5	1	7
1910	1	..	1	2	1	4	6	9
1911	..	..	..	..	4	8	1	12
Absolute Annual Average	0·6	0·8	1·6	2·0	5·0	6·8	4·8	9·8
Percentage of all Recorded Causes of Death	0·1	0·1	0·2	0·2	0·5	0·8	0·5	1·1
1912	..	..	..	..	10	12	9	15
1913	..	..	..	..	12	13	2	11

* NOTE.—These figures include a few private patients in District Asylums having the same accom

TABLE X.—(*continued*).

Causes of Death of Patients who Died in Asylums and other
the Years 1902–1913.

Royal and Private Asylums.

DISEASES.

22. Cancer, Carcinoma, Sarcoma, Malignant Disease, *excluding* Malignant Tumour of Brain.		23. Syphilis and other Venereal Disease.		24. General Tuberculosis, and Tubercle of Organs other than Lungs.		25. Diseases of Thyroid, Lymphatic and other Glands.		26. Atrophy, Debility, and Old Age.		27. Suicides and Accidents.†	
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
5	7	..	..	1	..	1	..	13	19	..	2
..	3	..	..	..	1	..	1	11	14	1	1
2	4	..	..	1	..	..	1	14	10	3	1
1	3	..	..	..	..	..	1	6	21	1	2
3	8	..	..	1	2	..	..	10	18	1	1
2·2	·0	..	..	0·6	0·6	0·2	0·6	10·8	16·4	·2	1·4
2·5	4·9	..	..	0·7	0·6	0·2	0·6	12·1	16·1	1·3	1·4
1	4	..	..	..	..	..	..	7	21	2	1
2	7	1	..	..	1	1	1	2	20	2	..
4	5	..	..	2	1	..	..	12	18	1	1
3	2	1	1	2	1	..	..	10	16	2	2
4	5	3	..	3	2	1	..	15	9	2	..
2·8	4·6	1·0	0·2	1·4	1·0	0·4	0·2	9·2	16·8	1·8	0·8
2·7	4·3	1·0	0·2	1·3	0·9	0·4	0·2	8·8	15·6	1·7	0·7
1	4	3	..	..	1	..	2	16	19	1	1
1	2	2	1	..	..	..	..	19	19	3	1

Patients.

15	16	3	3	9	11	..	2	65	118	6	2
20	25	2	3	14	13	..	..	74	115	8	7
12	18	3	1	11	10	..	2	63	79	8	6
21	24	..	2	9	18	2	1	79	100	8	3
20	16	3	2	18	23	..	2	56	99	8	6
17·6	19·8	2·2	2·2	12·2	15·0	0·4	1·4	67·4	102·2	7·6	4·8
2·3	2·5	0·3	0·3	1·6	1·9	..	0·2	8·8	12·9	1·0	0·6
13	28	1	2	21	22	2	4	78	113	11	2
19	29	3	1	23	24	..	1	52	96	5	3
23	35	..	..	22	23	..	5	77	82	13	2
23	28	3	2	23	22	..	4	68	102	7	3
20	28	3	3	18	16	2	3	77	112	7	5
19·6	29·6	2·0	1·6	21·4	21·4	0·8	3·4	70·4	101·0	8·6	3·0
2·1	3·4	0·2	0·2	2·3	2·4	0·1	0·4	7·5	11·5	0·9	0·3
25	23	6	3	21	22	..	2	90	125	17	6
17	31	2	3	17	35	..	1	94	141	10	4

modation and treatment as pauper patients, and drawn, as a rule, from much the same social class.
† Including deaths from accidents sustained prior to admission to Asylum.

APPENDIX A.—Table XI.

The Statistics of Pauper Lunatics in Private Dwellings for Fourteen Years, 1900–1913.

YEARS.	Admitted to Roll of Patients in Private Dwellings.							Ceased to be Patients in Private Dwellings.									Died.			On Roll at 31st December of each year.			Percentage of Recoveries on Admissions.			Percentage of Deaths on the Numbers at 31st December of each year.		
	Intimated by Inspectors of Poor.		Transferred from Asylums.		Total.			Recovered.			Removed from Roll by Friends.			Transferred to Asylums.														
	M.	F.	M.	F.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
During 1900 .	42	58	61	87	103	145	248	4	8	12	12	10	22	47	46	93	60	95	155	1064	1605	2669	4	6	5	5·6	5·9	5·8
,, 1901 .	49	45	64	96	113	141	254	10	13	23	16	10	26	53	62	115	47	81	128	1051	1580	2631	9	9	9	4·5	5·1	4·9
,, 1902 .	46	60	73	88	119	148	267	10	13	23	8	8	16	50	62	112	34	71	105	1068	1574	2642	8	9	9	3·2	4·5	4·0
,, 1903 .	43	56	75	112	118	168	286	12	14	26	7	4	11	48	67	115	42	76	118	1077	1581	2658	10	8	9	3·9	4·8	4·4
,, 1904 .	59	60	93	110	152	170	322	16	14	30	7	15	22	53	58	111	39	74	113	1114	1590	2704	11	8	9	3·5	4·7	4·2
Average of 5 Yrs.	48	56	73	99	121	155	276	10	12	22	10	9	19	50	59	109	44	79	123	1074	1586	2660	9	8	8	4·1	5·0	4·7
During 1905 .	49	59	114	103	163	162	325	10	16	26	10	15	25	65	59	124	38	64	102	1154	1598	2752	6	10	8	3·3	4·0	3·7
,, 1906 .	52	52	98	108	150	160	310	14	14	28	7	10	17	66	64	130	43	70	113	1174	1600	2774	9	9	9	3·7	4·4	4·1
,, 1907 .	49	67	74	88	123	155	278	15	10	25	5	8	13	60	56	116	45	73	118	1172	1608	2780	12	7	9	3·8	4·6	4·2
,, 1908 .	64	46	92	123	156	169	325	14	7	21	8	10	18	49	66	115	47	77	124	1209	1617	2826	9	4	6	3·9	4·8	4·4
,, 1909 .	70	60	64	99	134	159	293	6	20	26	13	14	27	63	46	109	39	75	114	1222	1621	2843	4	13	9	3·2	4·6	4·0
Average of 5 Yrs.	57	57	88	104	145	161	306	12	13	25	9	11	20	61	58	119	42	72	114	1186	1609	2795	8	9	8	3·6	4·5	4·1
During 1910 .	70	63	66	90	136	153	289	9	16	25	10	9	19	53	48	101	47	62	109	1239	1639	2878	7	10	9	3·8	3·8	3·8
,, 1911 .	69	63	81	99	150	162	312	10	12	22	11	13	24	63	70	133	37	73	111	1268	1633	2901	7	7	7	2·9	4·5	3·8
,, 1912 .	60	60	69	89	129	149	278	13	10	23	11	9	20	57	80	137	34	56	90	1282	1627	2909	10	7	8	2·7	3·4	3·1
,, 1913 .	53	50	58	69	111	119	230	13	11	24	12	9	21	75	84	159	39	63	102	1254	1579	2833	12	9	10	3·1	4·0	3·6

APPENDIX A. TABLE XIII.

The Number of Pauper Lunatics belonging to each County who were placed on the Register and sent to Asylums or other Establishments,* or left in Private Dwellings, in each year from 1900 to 1913.

Populations for 1911 . .	SCOTLAND. 4,760,904		Aberdeen. 312,177		Argyll. 70,902		Ayr. 268,337		Banff. 61,402		Berwick. 29,643		Bute. 18,186		Caithness. 32,010	
Ways in which the Patients were provided for.	Sent to Asylums.	Left in Prv.Dwl.	Sent to Asylums.	Left in Prv.Dwl.	Sent to Asylums.	Left in Prv.Dwl.	Sent to Asylums.	Left in Prv.Dwl.	Sent to Asylums.	Left in Prv.Dwl.	Sent to Asylums.	Left in Prv.Dwl.	Sent to Asylums.	Left in Prv.Dwl.	Sent to Asylums.	Left in Prv.Dwl.
Year 1900	2818	100	210	5	49	3	132	2	30	7	12	2	5	1	16	8
„ 1901	2847	94	179	4	45	5	128	4	36	3	9	..	5	..	20	5
„ 1902	2990	106	211	4	38	2	132	1	37	2	11	3	21	..	16	3
„ 1903	2874	99	185	6	51	4	132	1	26	8	14	1	7	..	10	5
„ 1904	3003	119	217	7	48	1	127	3	39	2	23	..	11	1	15	5
Absolute Annual Average of five years	**2906·4**	**103·6**	**200·4**	**5·2**	**46·2**	**3·0**	**130·2**	**2·2**	**33·6**	**4·4**	**13·8**	**1·2**	**9·8**	**0·4**	**15·4**	**5·2**
Annual Average per 100,000 of Population (calculated on the Populations of 1901) .	**65**	**2**	**64**	**2**	**63**	**4**	**51**	**1**	**55**	**7**	**45**	**4**	**52**	**2**	**45**	**15**
Year 1905	2809	108	204	6	36	2	142	3	28	1	11	2	4	3	12	5
„ 1906	2744	104	165	5	59	3	122	3	31	7	6	1	9	1	5	1
„ 1907	2904	116	171	5	48	3	126	7	27	9	11	3	11	..	15	4
„ 1908	2834	110	190	3	36	2	117	8	41	7	19	1	15	..	11	5
„ 1909	2666	130	189	9	33	8	130	5	35	5	8	3	8	..	11	2
Absolute Annual Average of five years	**2791·4**	**113·6**	**183·8**	**5·6**	**42·4**	**3·6**	**127·4**	**5·2**	**32·4**	**5·8**	**11·0**	**2·0**	**9·4**	**0·8**	**10·8**	**3·4**
Annual Average per 100,000 of Population (calculated on the Mean of 1901 and 1911).	**60**	**2**	**58**	**2**	**59**	**5**	**49**	**2**	**53**	**9**	**36**	**7**	**51**	**4**	**33**	**10**
Year 1910	2725	133	205	5	44	3	110	3	46	7	13	1	9	..	6	2
„ 1911	2932	132	194	6	64	4	136	7	30	7	11	2	12	1	20	2
„ 1912	2829	120	198	8	44	1	115	2	49	2	15	..	14	..	12	2
„ 1913	2983	103	225	5	42	5	130	2	45	5	15	..	9	..	12	..

APPENDIX A.—Table XII.—(*continued*).

The Number of Pauper Lunatics belonging to each County who were placed on the Register and sent to Asylums or other Establishments,* or left in Private Dwellings, in each year from 1900 to 1913.

Populations for 1911 . .	Clackmannan. 31,121		Dumbarton. 139,831		Dumfries. 72,825		Elgin. 43,427		Fife. 267,739		Forfar. 281,417		Haddington. 43,254		Inverness. 87,272		Kincardine. 41,008	
Ways in which the Patients were provided for.	Sent to Asylums.	Left in Prv.Dwl.	Sent to Asylums.	Left in Prv.Dwl.	Sent to Asylums.	Left in Prv.Dwl.	Sent to Asylums.	Left in Prv.Dwl.	Sent to Asylums.	Left in Prv.Dwl.	Sent to Asylums.	Left in Prv.Dwl.	Sent to Asylums.	Left in Prv.Dwl.	Sent to Asylums.	Left in Prv.Dwl.	Sent to Asylums.	Left in Prv.Dwl.
Year 1900	15	..	51	..	42	..	31	2	104	3	179	7	29	2	58	8	15	..
„ 1901	17	1	76	1	37	2	32	..	100	5	198	9	25	..	66	11	15	..
„ 1902	23	..	67	..	23	1	31	..	116	5	209	7	36	3	83	15	19	..
„ 1903	16	..	71	1	39	2	33	..	120	4	185	..	30	..	80	16	22	..
„ 1904	19	..	76	4	26	1	34	5	112	..	161	9	26	..	75	22	16	..
Absolute Annual Average of five years	**18·0**	**0·2**	**68·2**	**1·2**	**33·4**	**1·2**	**32·2**	**1·4**	**110·4**	**3·4**	**186·4**	**6·4**	**29·2**	**1·0**	**72·4**	**14·4**	**17·4**	..
Annual Average per 100,000 of Population (calculated on the Populations of 1901) .	**56**	**1**	**60**	**1**	**46**	**2**	**72**	**3**	**50**	**2**	**65**	**2**	**76**	**3**	**80**	**16**	**55**	..
Year 1905	19	..	69	1	39	1	40	6	129	2	197	1	35	..	65	19	22	..
„ 1906	15	..	49	2	26	1	43	1	125	1	164	1	31	2	71	11	14	..
„ 1907	14	1	68	1	37	..	23	3	119	2	173	4	42	2	56	16	17	..
„ 1908	11	1	55	3	26	1	32	2	139	1	157	5	22	..	79	14	15	..
„ 1909	11	..	55	5	35	1	23	4	143	2	136	5	28	..	61	17	9	..
Absolute Annual Average of five years	**14·0**	**0·4**	**59·2**	**2·4**	**32·6**	**0·8**	**32·2**	**3·2**	**131·0**	**1·6**	**165·4**	**3·2**	**31·6**	**0·8**	**66·4**	**15·4**	**15·4**	..
Annual Average per 100,000 of Population (calculated on the Mean of 1901 and 1911) .	**44**	**1**	**47**	**2**	**45**	**1**	**73**	**7**	**54**	**1**	**58**	**1**	**77**	**2**	**74**	**17**	**50**	..
Year 1910	19	..	61	3	25	1	23	5	115	5	164	5	27	4	68	5	6	..
„ 1911	21	..	72	3	34	1	21	3	155	1	153	7	31	4	62	13	22	..
„ 1912	19	1	72	..	35	..	25	3	139	6	164	9	31	..	68	13	15	..
„ 1913	20	..	77	3	42	1	16	8	113	3	143	3	31	..	77	8	14	..

Populations for 1911 . .	Kinross. 7527		Kirkcudbright. 38,367		Lanark. 1,447,034		Linlithgow. 80,155		Midlothian. 507,666		Nairn. 9319		Orkney. 25,897		Peebles. 15,258		Perth. 124,342	
Ways in which the Patients were provided for.	Sent to Asylums.	Left in Prv. Dwl.	Sent to Asylums.	Left in Prv. Dwl.	Sent to Asylums.	Left in Prv. Dwl.	Sent to Asylums.	Left in Prv. Dwl.	Sent to Asylums.	Left in Prv. Dwl.	Sent to Asylums.	Left in Prv. Dwl.	Sent to Asylums.	Left in Prv. Dwl.	Sent to Asylums.	Left in Prv. Dwl.	Sent to Asylums.	Left in Prv. Dwl.
Year 1900	4	1	17	..	907	23	29	..	391	10	6	..	15	..	9	..	79	1
„ 1901	2	..	20	2	922	15	37	..	354	3	7	..	13	6	7	..	87	..
„ 1902	5	..	17	..	985	16	40	2	360	9	12	2	10	..	6	..	86	1
„ 1903	3	..	15	..	874	14	40	1	363	11	5	..	12	2	11	..	80	4
„ 1904	4	..	13	..	1027	23	36	1	374	7	4	1	12	1	6	..	79	3
Absolute Annual Average of five years	3·6	0·2	16·4	0·4	943·0	18·2	36·4	0·8	368·4	8·0	6·8	0·6	12·4	1·8	7·8	..	82·2	1·8
Annual Average per 100,000 of Population (calculated on the Populations of 1901) .	52	3	42	1	72	1	55	1	75	2	78	7	43	6	52	..	67	1
Year 1905	5	..	21	..	926	18	36	..	302	7	7	..	16	..	10	..	53	3
„ 1906	5	..	16	1	928	32	41	..	335	9	4	..	9	..	6	..	62	2
„ 1907	4	..	17	..	1010	24	39	..	318	5	9	..	20	3	1	..	86	2
„ 1908	1	..	19	2	1002	28	29	1	308	5	4	..	10	2	10	..	59	4
„ 1909	4	..	16	1	880	36	30	..	313	7	4	..	10	1	5	..	69	..
Absolute Annual Average of five years	3·8	..	17·8	0·8	949·2	27·6	35·0	0·2	315·2	6·6	5·6	..	13·0	1·2	6·4	..	65·8	2·2
Annual Average per 100,000 of Population (calculated on the Mean of 1901 and 1911).	52	..	46	2	70	2	48	..	63	1	64	..	48	4	42	..	53	2
Year 1910	2	..	22	4	940	38	18	1	283	7	11	1	13	3	9	..	81	3
„ 1911	6	..	14	2	994	30	24	1	298	4	9	1	13	1	9	..	89	3
„ 1912	4	..	18	1	922	38	37	..	283	4	6	..	12	..	11	1	77	3
„ 1913	6	..	31	..	988	39	42	..	320	6	5	..	17	..	14	1	77	2

* Inmates of Schools for Imbeciles are not included in this Table.

APPENDIX A.—TABLE XII.—(*continued*).

The Number of Pauper Lunatics belonging to each County who were placed on the Register and sent to Asylums or other Establishments,* or left in Private Dwellings, in each year from 1900 to 1913.

	Renfrew.		Ross.		Roxburgh.		Selkirk.		Shetland.		Stirling.		Sutherland.		Wigtown.	
Population for 1911 . .	314,552		77,364		47,192		24,601		27,911		160,991		20,179		31,998	
Ways in which the Patients were provided for.	Sent to Asylums.	Left in Prv.Dwl.	Sent to Asylums.	Left in Prv.Dwl.	Sent to Asylums.	Left in Prv.Dwl.	Sent to Asylums.	Left in Prv.Dwl.	Sent to Asylums.	Left in Prv.Dwl.	Sent to Asylums.	Left in Prv.Dwl.	Sent to Asylums.	Left in Prv.Dwl.	Sent to Asylums.	Left in Prv.Dwl.
Year 1900	162	..	49	9	25	..	17	..	11	2	86	2	17	1	16	1
„ 1901	195	2	52	8	20	1	13	..	19	3	81	2	10	2	20	..
„ 1902	174	3	40	10	20	5	21	1	14	3	99	4	12	2	16	2
„ 1903	204	1	55	13	37	1	11	..	12	..	105	2	14	..	12	2
„ 1904	194	3	51	10	21	1	19	..	16	2	97	5	11	1	14	1
Absolute Annual Average of five years	**185·8**	**1·8**	**49·4**	**10·0**	**24·6**	**1·6**	**16·2**	**0·2**	**14·4**	**2·0**	**93·6**	**3·0**	**12·8**	**1·2**	**15·6**	**1·2**
Annual Average per 100,000 of Population (calculated on the Populations of 1901) .	**63**	**1**	**65**	**13**	**50**	**3**	**69**	**1**	**51**	**7**	**66**	**2**	**59**	**6**	**48**	**4**
Year 1905	167	..	43	15	21	..	19	..	12	5	99	2	8	1	12	5
„ 1906	180	1	42	8	29	1	26	..	13	3	84	3	15	4	14	..
„ 1907	202	1	51	8	34	1	13	..	25	1	88	7	9	3	20	1
„ 1908	214	..	55	6	25	3	22	1	12	..	77	4	11	1	11	..
„ 1909	195	1	61	11	24	2	19	..	18	3	85	..	9	2	9	..
Absolute Annual Average of five years	**191·6**	**0·6**	**50·4**	**9·6**	**26·6**	**1·4**	**19·8**	**0·2**	**16·0**	**2·4**	**86·6**	**3·2**	**10·4**	**2·2**	**13·2**	**1·2**
Annual Average per 100,000 of Population (calculated on the Mean of 1901 and 1911)	**59**	..	**66**	**12**	**55**	**3**	**83**	**1**	**57**	**9**	**57**	**2**	**50**	**11**	**41**	**4**
Year 1910	190	3	49	7	25	2	10	1	28	8	77	2	12	3	14	1
„ 1911	224	2	42	10	26	1	16	1	20	4	92	8	9	2	9	1
„ 1912	222	5	67	11	20	2	15	..	13	..	87	2	10	2	10	4
„ 1913	224	3	48	2	25	..	23	..	17	4	101	..	16	3	18	..

The Number of Pauper Lunatics belonging to each County who were transferred from Private Dwellings to Establishments, or from Establishments to Private Dwellings, in each Year from 1900 to 1913.

YEARS.	SCOTLAND.		Aberdeen.		Argyll.		Ayr.		Banff.		Berwick.		Bute.		Caithness.	
	Transferred from Priv. Dwellings to Asylums.	Transferred from Asyl. to Private Dwellings.	Prv. Dwl. to Asyls.	Asyls. to Prv. Dwl.	Prv. Dwl. to Asyls.	Asyls. to Prv. Dwl.	Prv. Dwl. to Asyls.	Asyls. to Prv. Dwl.	Prv. Dwl. to Asyls.	Asyls. to Prv. Dwl.	Prv. Dwl. to Asyls.	Asyls. to Prv. Dwl.	Prv. Dwl. to Asyls.	Asyls. to Prv. Dwl.	Prv. Dwl. to Asyls.	Asyls. to Prv. Dwl.
Year 1900	93	148	7	2	1	3	1	6	2	3	..	4	..	..	..	..
„ 1901	115	160	4	4	4	4	4	1	4	4	..	1	1	..	1	..
„ 1902	112	161	..	2	2	1	3	1	2	2	..	..	..	..	..	1
„ 1903	115	187	5	3	3	2	1	1	3	2	..	..	..	..	1	..
„ 1904	111	203	3	7	1	4	4	2	1	5	..	..	..	..	2	8
Absolute Annual Average of five years	**109·2**	**171·8**	**3.8**	**3·6**	**2·2**	**2·8**	**2·6**	**2·2**	**2·4**	**3·2**	..	**1·0**	**0·2**	..	**0·8**	**1·8**
Annual Average per 100,000 of Population (1901)	**2·4**	**3·8**	**1·2**	**1·1**	**3·0**	**3·8**	**1·0**	**0·9**	**3·9**	**5·2**	..	**3·2**	**1·1**	..	**2·4**	**5·3**
Year 1905	124	217	2	1	1	4	3	6	4	6	..	2	2	1	..	..
„ 1906	130	206	2	11	3	1	2	5	2	2	1	..	1	..	1	..
„ 1907	116	162	2	8	1	1	2	8	4	2	..	1	1	..	1	2
„ 1908	115	215	3	14	2	3	8	4	4	3	1	..	..	3	..	1
„ 1909	109	163	4	8	2	2	5	5	2	1	1	..	..	..	..	1
Absolute Annual Average of five years	**118·8**	**192·6**	**2·6**	**8·4**	**1·8**	**2·2**	**4·0**	**5·6**	**3·2**	**2·8**	**0·6**	**0·6**	**0·8**	**0·8**	**0·4**	**0·8**
Annual Average per 100,000 of Population (Mean of 1901 and 1911)	**2·6**	**4·2**	**0·8**	**2·6**	**2·5**	**3·0**	**1·5**	**2·1**	**5·2**	**4·6**	**2·0**	**2·0**	**4·3**	**4·3**	**1·2**	**2·4**
Year 1910	101	156	5	13	2	..	4	2	..	3	..	..	1	..	2	..
„ 1911	133	180	10	12	3	1	4	7	3	3	1	..	0	1	1	1
„ 1912	137	158	10	11	3	1	4	4	4	2	..	..	2	1	1	..
„ 1913	159	127	4	5	3	3	7	2	5	..	..	1	1	..	..	..

APPENDIX A.—TABLE XIII.—(*continued*).

The Number of Pauper Lunatics belonging to each County who were transferred from Private Dwellings to Establishments, or from Establishments to Private Dwellings, in each Year from 1900 to 1913.

YEARS.	Clackmannan.		Dumbarton.		Dumfries.		Elgin.		Fife.		Forfar.		Haddington.		Inverness.		Kincardine.	
	Prv.Dwl. to Asyls.	Asyls. to Prv.Dwl.	Prv.Dwl. to Asyls.	Asyls. to Prv.Dwl.	Prv.Dwl. to Asyls.	Asyls. to Prv.Dwl.	Prv.Dwl. to Asyls.	Asyls. to Prv.Dwl.	Prv.Dwl. to Asyls.	Asyls. to Prv.Dwl.	Prv.Dwl. to Asyls.	Asyls. to Prv.Dwl.	Prv.Dwl. to Asyls.	Asyls. to Prv.Dwl.	Prv.Dwl. to Asyls.	Asyls. to Prv.Dwl.	Prv.Dwl. to Asyls.	Asyls. to Prv.Dwl.
Year 1900	..	1	1	2	..	..	2	..	1	4	8	16	2	1	5	5	..	..
„ 1901	1	..	2	3	..	1	1	..	3	2	12	26	1	..	3	4	..	..
„ 1902	..	..	3	6	1	..	1	..	2	12	17	20	..	..	9	17	..	..
„ 1903	..	2	3	9	..	2	2	1	6	12	14	34	1	1	4	8	..	1
„ 1904	1	..	2	1	1	..	1	..	4	10	17	48	1	..	4	9	..	..
Absolute Annual Average of five years	**0·4**	**0·6**	**2·2**	**4·2**	**0·4**	**0·6**	**1·4**	**0·2**	**3·2**	**8·0**	**13·6**	**28·8**	**1·0**	**0·4**	**5·0**	**8·6**	..	**0·2**
Annual Average per 100,000 of Population (1901)	**1·2**	**1·9**	**1·9**	**3·7**	**0·6**	**0·8**	**3·1**	**0·4**	**1·5**	**3·7**	**4·8**	**10·1**	**2·6**	**1·0**	**5·5**	**9·5**	..	**0·6**
Year 1905	..	2	5	5	..	..	..	4	4	8	16	16	1	4	7	4	1	2
„ 1906	2	2	3	5	..	2	4	2	4	5	16	10	3	1	4	8	2	2
„ 1907	..	2	4	5	1	1	..	2	4	3	13	4	2	..	12	5	1	..
„ 1908	..	3	1	3	..	1	1	1	4	9	7	1	1	1	6	2	1	1
„ 1909	2	3	2	5	1	3	2	1	5	11	10	5	..	..	1	4	..	..
Absolute Annual Average of five years	**0·8**	**2·4**	**3·0**	**4·6**	**0·4**	**1·4**	**1·4**	**2·0**	**4·2**	**7·2**	**12·4**	**7·2**	**1·4**	**1·2**	**6·0**	**4·6**	**1·0**	**1·0**
Annual Average per 100,000 of Population (Mean of 1901 and 1911)	**2·5**	**7·6**	**2·4**	**3·6**	**0·6**	**1·9**	**3·2**	**4·5**	**1·7**	**3·0**	**4·4**	**2·5**	**3·4**	**2·9**	**6·7**	**5·2**	**3·3**	**3·3**
Year 1910	2	1	1	3	2	4	..	2	..	4	8	12	..	..	7	11	..	1
„ 1911	..	3	2	1	3	..	1	3	5	5	9	7	..	..	7	11	1	..
„ 1912	2	2	2	5	2	..	..	..	5	6	13	19	..	..	6	5	..	2
„ 1913	3	2	..	2	2	..	2	1	3	11	25	23	2	..	7	3	..	..

YEARS.	Kinross.		Kirkcudbright.		Lanark.		Linlithgow.		Midlothian.		Nairn.		Orkney.		Peebles.		Perth.	
	Prv.Dwl. to Asyls.	Asyls. to Prv.Dwl.	Prv.Dwl. to Asyls.	Asyls. to Prv.Dwl.	Prv.Dwl. to Asyls.	Asyls. to Prv.Dwl.	Prv.Dwl. to Asyls.	Asyls. to Prv.Dwl.	Prv.Dwl. to Asyls.	Asyls. to Prv.Dwl.	Prv.Dwl. to Asyls.	Asyls. to Prv.Dwl.	Prv.Dwl. to Asyls.	Asyls. to Prv.Dwl.	Prv.Dwl. to Asyls.	Asyls. to Prv.Dwl.	Prv.Dwl. to Asyls.	Asyls. to Prv.Dwl.
Year 1900	..	..	..	..	31	69	1	..	12	18	1	..	3	1	..	..	1	4
„ 1901	..	1	..	..	37	63	1	2	15	11	..	..	..	2	..	1	6	7
„ 1902	..	..	..	1	39	50	1	1	12	13	..	2	1	1	..	..	3	4
„ 1903	..	..	1	..	41	61	1	2	8	17	..	..	..	3	..	..	3	5
„ 1904	3	..	2	..	33	66	..	1	16	18	..	2	..	1	..	..	4	2
Absolute Annual Average of five years	**0·6**	**0·2**	**0·6**	**0·2**	**36·2**	**61·8**	**0·8**	**1·2**	**12·6**	**15·4**	**0·2**	**0·8**	**0·8**	**1·6**	..	**0·2**	**3·4**	**4·4**
Annual Average per 100,000 of Population (1901)	**8·6**	**2·9**	**1·5**	**0·5**	**2·8**	**4·7**	**1·2**	**1·8**	**2·6**	**3·2**	**2·3**	**9·2**	**2·8**	**5·6**	..	**1·3**	**2·8**	**3·6**
Year 1905	..	..	2	..	38	110	1	2	17	15	..	..	..	2	..	1	3	..
„ 1906	..	..	..	2	42	40	1	3	17	75	..	..	1	..	1	..	1	3
„ 1907	..	..	1	1	30	45	1	1	22	46	..	..	2	1	..	..	3	2
„ 1908	..	..	..	..	34	79	1	1	19	36	..	..	1	1	..	..	5	3
„ 1909	..	..	..	1	31	36	2	1	28	54	..	..	..	..	..	..	..	2
Absolute Annual Average of five years	..	..	**0·6**	**0·8**	**35·0**	**62·0**	**1·2**	**1·6**	**20·6**	**45·2**	..	..	**0·8**	**0·8**	**0·2**	**0·2**	**2·4**	**2·0**
Annual Average per 100,000 of Population (Mean of 1901 and 1911)	..	..	**1·5**	**2·0**	**2·6**	**4·6**	**1·6**	**2·2**	**4·1**	**9·1**	..	..	**2·9**	**2·9**	**1·3**	**1·3**	**1·9**	**1·6**
Year 1910	..	..	..	..	31	60	2	..	22	22	1	..	1	1	..	..	..	..
„ 1911	..	..	2	..	42	87	1	6	19	3	..	..	1	..	..	..	3	5
„ 1912	..	..	..	..	49	68	1	5	15	4	..	1	..	..	..	..	4	1
„ 1913	..	..	1	..	57	45	3	2	12	14	1	..	3	1	..	..	4	2

APPENDIX A.—TABLE XIII.—(*continued*).

The Number of Pauper Lunatics belonging to each County who were transferred from Private Dwellings to Establishments, or from Establishments to Private Dwellings, in each Year from 1900 to 1913.

YEARS.	Renfrew.		Ross.		Roxburgh.		Selkirk.		Shetland.		Stirling.		Sutherland.		Wigtown.	
	Prv.Dwl. to Asyls.	Asyls. to Prv.Dwl.	Prv.Dwl. to Asyls.	Asyls. to Prv.Dwl.	Prv.Dwl. to Asyls.	Asyls. to Prv.Dwl.	Prv.Dwl. to Asyls.	Asyls. to Prv.Dwl.	Prv.Dwl. to Asyls.	Asyls. to Prv.Dwl.	Prv.Dwl. to Asyls.	Asyls. to Prv.Dwl.	Prv.Dwl. to Asyls.	Asyls. to Prv.Dwl.	Prv.Dwl. to Asyls.	Asyls. to Prv.Dwl.
Year 1900	7	3	4	3	1	1	..	..	..	..	2	1	..	1	..	..
„ 1901	4	13	4	5	1	2	..	..	2	..	1	3	1	..	2	..
„ 1902	6	10	4	11	2	1	..	..	..	1	1	4	1	..	2	..
„ 1903	7	3	4	6	..	1	..	1	..	..	3	9	1	..	1	1
„ 1904	4	8	2	5	..	1	1	..	1	..	2	4	..	1	..	..
Absolute Annual Average of five years	**5·6**	**7·4**	**3·6**	**6·0**	**1·4**	**1·2**	**0·2**	**0·2**	**0·6**	**0·2**	**1·8**	**4·2**	**0·6**	**0·4**	**1·0**	**0·2**
Annual Average per 100,000 of Population (1901)	**1·9**	**2·5**	**4·7**	**7·8**	**2·9**	**2·5**	**0·9**	**0·9**	**2·1**	**0·7**	**1·3**	**3·0**	**2·8**	**1·9**	**3·1**	**0·6**
Year 1905	5	12	5	3	..	..	1	2	1	..	3	5	..	..	2	..
„ 1906	4	13	4	4	..	1	1	..	1	1	6	7	..	..	1	1
„ 1907	2	3	3	5	..	..	..	..	..	..	4	12	..	2	..	..
„ 1908	4	21	5	5	..	..	1	2	..	..	6	12	..	1	..	4
„ 1909	3	4	3	7	..	1	..	2	1	..	2	3	..	3	2	..
Absolute Annual Average of five years	**3·6**	**10·6**	**4·0**	**4·8**	..	**0·4**	**0·6**	**1·2**	**0·6**	**0·2**	**4·2**	**7·8**	..	**1·2**	**1·0**	**1·0**
Annual Average per 100,000 of Population (Mean of 1901 and 1911)	**1·1**	**3·3**	**5·2**	**6·2**	..	**0·8**	**2·5**	**5·0**	**2·1**	**0·7**	**2·8**	**5·1**	..	**5·8**	**3·1**	**3·1**
Year 1910	1	3	5	10	2	2	..	..	1	..	1	1	..	1	..	..
„ 1911	4	9	4	8	..	1	..	..	1	..	5	4	..	1	1	1
„ 1912	4	5	5	4	2	1	..	..	..	1	3	7	..	2	..	1
„ 1913	3	4	5	3	..	..	..	..	..	..	2	3	2	..	2	..

The Number of Pauper Lunatics chargeable to each County, who were resident in Establishments * or in Private Dwellings respectively, on 1st January of each Year from 1901 to 1914.

	SCOTLAND.		Aberdeen.		Argyll.		Ayr.		Banff.		Berwick.		Bute.		Caithness.	
Populations for 1911 . .	4,760,904		312,177		70,902		268,337		61,402		29,643		18,186		32,010	
Places in which the Patients were Resident.	Establishments.	Private Dwellings.	Estab.	Priv. Dwel.	Estab.	Priv. Dwel.	Estab.	Priv. Dwel.	Estab.	Priv. Dwel.	Estab.	Priv. Dwel.	Estab.	Priv. Dwel.	Estab.	Priv. Dwel.
Year 1901	10,592	2669	825	122	342	90	597	72	162	71	77	30	57	19	109	81
„ 1902	10,950	2631	867	120	338	91	606	65	165	65	80	28	57	16	112	77
„ 1903	11,324	2642	913	120	327	90	629	61	171	65	82	26	68	16	113	76
„ 1904	11,404	2658	928	117	338	87	623	59	166	68	87	26	64	16	105	75
„ 1905	11,700	2704	985	119	345	86	616	55	175	69	96	25	70	17	94	78
Absolute Annual Average of five years	**11,194·0**	**2660·8**	**903·6**	**119·6**	**338·0**	**88·8**	**614·2**	**62·4**	**167·8**	**67·6**	**84·4**	**27·0**	**63·2**	**16·8**	**106·6**	**77·4**
Annual Average per 100,000 of Population (calculated on the Populations of 1901) .	**250**	**59**	**288**	**38**	**459**	**121**	**241**	**25**	**273**	**110**	**274**	**88**	**336**	**89**	**315**	**229**
Year 1906	11,828	2752	1008	117	339	86	607	58	170	66	88	29	67	18	93	76
„ 1907	11,972	2774	979	124	361	83	603	60	171	72	82	28	63	17	88	74
„ 1908	12,200	2780	972	128	360	81	571	71	172	72	80	32	67	13	87	74
„ 1909	12,377	2826	982	128	362	77	593	72	182	74	82	29	69	15	85	75
„ 1910	12,543	2843	1006	137	346	81	592	75	170	72	77	27	64	15	87	73
Absolute Annual Average of five years	**12,184·0**	**2795·0**	**989·4**	**126·8**	**353·6**	**81·6**	**593·2**	**67·2**	**173·0**	**71·2**	**81·8**	**29·0**	**66·0**	**15·6**	**88·0**	**74·4**
Annual Average per 100,000 of Population (calculated on the Mean of 1901–1911) .	**264**	**61**	**311**	**40**	**489**	**113**	**227**	**26**	**282**	**116**	**271**	**96**	**357**	**84**	**267**	**226**
Year 1911	12,762	2878	1024	141	339	78	610	73	169	77	79	28	67	13	88	69
„ 1912	13,063	2901	1051	140	368	76	627	78	160	76	83	27	69	14	97	66
„ 1913	13,206	2909	1043	135	356	70	614	75	168	69	82	26	71	13	95	63
„ 1914	13,385	2833	1061	138	357	74	639	67	177	66	84	24	70	12	94	60

* Inmates of Schools for Imbeciles are not included in this Table.

APPENDIX A.—TABLE XIV.—(*continued*).

The Number of Pauper Lunatics chargeable to each County, who were resident in Establishments * or in Private Dwellings respectively, on 1st January of each Year from 1901 to 1914.

Populations for 1911 . .	Clackmannan. 31,121		Dumbarton. 139,831		Dumfries. 72,825		Elgin. 43,427		Fife. 267,739		Forfar. 281,417		Haddington. 43,254.		Inverness. 87,272		Kincardine. 41,008	
Places in which the Patients were Resident.	Estab.	Priv. Dwel.	Estab.	Priv. Dwel.	Estab.	Priv. Dwel.	Estab.	Priv. Dwel.	Estab.	Priv. Dwel.	Estab.	Priv. Dwel.	Estab.	Priv. Dwel.	Estab.	Priv. Dwel.	Estab.	Priv. Dwel.
Year 1901	62	17	191	28	170	22	152	39	500	98	832	191	128	18	272	211	77	6
„ 1902	62	15	211	29	170	23	145	37	503	90	867	195	136	12	290	209	81	6
„ 1903	71	14	216	32	161	22	142	35	517	96	870	194	151	14	291	214	79	6
„ 1904	69	16	212	37	164	25	147	29	528	100	849	199	159	13	308	225	75	7
„ 1905	72	13	216	40	164	24	148	32	541	100	786	219	163	12	302	236	78	7
Absolute Annual Average of five years	**67·2**	**15·0**	**209·2**	**33·2**	**165·8**	**23·2**	**146·8**	**34·4**	**517·8**	**96·8**	**840·8**	**199·6**	**147·4**	**13·8**	**292·6**	**219·0**	**78·0**	**6·4**
Annual Average per 100,000 of Population (calculated on the Populations of 1901) .	**210**	**47**	**184**	**29**	**228**	**32**	**328**	**77**	**237**	**44**	**296**	**70**	**381**	**36**	**323**	**242**	**247**	**20**
Year 1906	71	14	223	39	170	24	147	40	557	100	819	211	152	15	311	238	82	8
„ 1907	77	14	218	40	170	24	159	35	556	96	819	194	150	15	316	238	79	7
„ 1908	69	16	238	41	180	24	151	38	558	94	837	174	159	12	321	232	80	6
„ 1909	68	19	247	43	182	22	145	39	575	98	837	165	152	11	352	230	79	6
„ 1910	67	18	253	46	185	24	140	39	598	100	834	158	153	11	353	238	77	7
Absolute Annual Average of five years	**70·4**	**16·2**	**235·8**	**41·8**	**177·4**	**23·6**	**148·4**	**38·2**	**568·8**	**97·6**	**829·2**	**180·4**	**153·2**	**12·8**	**330·6**	**235·2**	**79·4**	**6·8**
Annual Average per 100,000 of Population (calculated on the Mean of 1901–1911) .	**223**	**51**	**186**	**33**	**244**	**32**	**336**	**87**	**234**	**40**	**293**	**64**	**374**	**31**	**370**	**264**	**260**	**22**
Year 1911	74	16	275	48	180	26	139	45	597	105	863	159	143	15	367	237	73	6
„ 1912	72	19	285	48	189	22	140	47	610	103	872	161	150	18	361	242	78	5
„ 1913	80	18	301	49	189	18	138	47	620	104	856	166	148	18	365	246	78	7
„ 1914	83	16	289	52	200	16	128	49	590	109	866	155	156	15	369	238	74	6

Populations for 1911 . .	Kinross. 7527		Kirkcudbright. 38,367		Lanark. 1,447,034		Lithgow. 80,155		Midlothian. 507,666		Nairn. 9319		Orkney. 25,897		Peebles. 15,258		Perth. 124,342	
Places in which the Patients were Resident.	Estab.	Priv. Dwel.	Estab.	Priv. Dwel.	Estab.	Priv. Dwel.	Estab.	Priv. Dwel.	Estab.	Priv. Dwel.	Estab.	Priv. Dwel.	Estab.	Priv. Dwel.	Estab.	Priv. Dwel.	Estab.	Priv. Dwel.
Year 1901	24	4	92	19	2775	569	119	10	1039	361	33	6	74	40	39	2	383	112
„ 1902	23	4	91	20	2893	582	128	11	1081	343	32	6	78	47	34	3	401	107
„ 1903	24	4	95	18	3073	581	130	13	1121	337	34	10	75	46	39	1	404	101
„ 1904	24	4	90	16	3065	585	119	13	1169	338	32	10	72	46	40	1	403	105
„ 1905	26	1	92	12	3247	614	122	15	1231	323	30	13	72	45	39	1	402	99
Absolute Annual Average of five years	**24·2**	**3·4**	**92·0**	**17·0**	**3010·6**	**586·2**	**123·6**	**12·4**	**1128·2**	**340·4**	**32·2**	**9·0**	**74·2**	**44·8**	**38·2**	**1·6**	**398·6**	**104·3**
Annual Average per 100,000 of Population (calculated on the Populations of 1901) .	**347**	**49**	**234**	**43**	**229**	**45**	**186**	**19**	**231**	**70**	**369**	**103**	**259**	**156**	**254**	**11**	**323**	**85**
Year 1906	25	1	97	10	3271	671	128	17	1253	317	32	12	71	43	40	2	397	87
„ 1907	27	1	95	11	3394	666	133	18	1230	369	33	11	68	39	40	1	403	85
„ 1908	26	1	98	10	3546	672	142	18	1252	377	34	11	72	39	36	1	413	80
„ 1909	24	1	100	9	3610	720	144	14	1262	382	33	11	75	37	40	..	406	74
„ 1910	26	1	100	10	3714	713	141	12	1272	391	31	11	75	36	37	..	417	74
Absolute Annual Average of five years	**25·6**	**1·0**	**98·0**	**10·0**	**3507·0**	**688·4**	**137·6**	**15·8**	**1253·8**	**367·2**	**32·6**	**11·2**	**72·2**	**38·8**	**38·6**	**0·8**	**407·2**	**80·0**
Annual Average per 100,000 of Population (calculated on the Mean of 1901–1911) .	**353**	**14**	**252**	**26**	**257**	**51**	**188**	**22**	**252**	**74**	**373**	**128**	**264**	**142**	**255**	**5**	**329**	**65**
Year 1911	24	1	103	14	3778	747	136	11	1298	368	35	11	78	35	44	..	406	72
„ 1912	29	1	109	12	3856	775	131	17	1334	335	39	11	79	30	42	..	404	73
„ 1913	31	1	116	13	3938	799	127	21	1360	318	39	12	77	30	46	1	402	70
„ 1914	31	1	117	12	3978	781	139	18	1376	305	37	11	86	27	52	2	406	66

* Inmates of Schools for Imbeciles are not included in this Table.

APPENDIX A.—TABLE XIV.—(*continued*).

The Number of Pauper Lunatics chargeable to each County, who were resident in Establishments * or in Private Dwellings respectively, on 1st January of each Year from 1901 to 1914.

	Renfrew.		Ross.		Roxburgh.		Selkirk.		Shetland.		Stirling.		Sutherland.		Wigtown.	
Populations for 1911 . .	314,552		77,364		47,192		24,601		27,911		160,991		20,179		31,998.	
Places in which the Patients were Resident.	Estab.	Priv. Dwel.	Estab.	Priv. Dwel.	Estab.	Priv. Dwel.	Estab.	Priv. Dwel.	Estab.	Priv. Dwel.	Estab.	Priv. Dwel.	Estab.	Priv. Dwel.	Estab.	Priv. Dwel.
Year 1901	553	79	222	172	147	18	59	7	62	49	283	45	67	38	68	23
„ 1902	564	88	227	171	149	18	60	5	74	48	288	43	66	36	71	21
„ 1903	578	90	227	179	152	23	62	6	74	48	293	48	66	36	76	20
„ 1904	592	82	243	181	164	22	54	7	68	43	294	52	74	33	79	21
„ 1905	607	84	255	186	155	21	59	6	71	42	291	58	70	32	80	20
Absolute Annual Average of five years	**578·8**	**84·6**	**234·8**	**177·8**	**153·4**	**20·4**	**58·8**	**6·2**	**69·8**	**46·0**	**289·8**	**49·2**	**68·6**	**35·0**	**74·8**	**21·0**
Annual Average per 100,000 of Population (calculated on the Populations of 1901) .	**197**	**29**	**307**	**233**	**314**	**42**	**252**	**27**	**248**	**163**	**204**	**35**	**320**	**163**	**229**	**64**
Year 1906	611	83	263	188	157	21	55	6	70	45	303	57	68	31	83	22
„ 1907	644	86	261	186	157	19	61	5	69	45	319	59	67	31	80	21
„ 1908	662	81	258	195	156	20	62	4	78	43	314	68	62	31	87	21
„ 1909	660	92	278	187	157	22	63	5	72	40	311	75	66	30	84	24
„ 1910	695	87	286	192	159	21	60	6	72	39	314	75	61	34	81	20
Absolute Annual Average of five years	**654·4**	**85·8**	**269·2**	**189·6**	**157·2**	**20·6**	**60·2**	**5·2**	**72·2**	**42·4**	**312·2**	**66·8**	**64·8**	**31·4**	**83·0**	**21·6**
Annual Average per 100,000 of Population (calculated on the Mean of 1901–1911) .	**203**	**27**	**350**	**247**	**328**	**43**	**251**	**22**	**257**	**151**	**206**	**44**	**311**	**151**	**257**	**67**
Year 1911	725	88	281	194	162	21	55	5	84	44	320	75	64	36	82	20
„ 1912	766	90	279	204	156	23	61	6	89	45	329	80	63	37	85	20
„ 1913	803	94	301	206	150	23	62	6	80	44	335	82	58	40	77	25
„ 1914	824	95	301	200	151	23	72	6	76	46	351	81	68	39	83	23

* Inmates of Schools for Imbeciles are not included in this Table.

APPENDIX A.—Table XV.

Table showing the Number of Private and Pauper Lunatics of each Sex in each Royal and District Asylum, Private Asylum, Parochial Asylum, and Licensed Poorhouse in Scotland on 1st January 1914.

ASYLUM.	Where Situated.	Name of Superintendent.	Number of Patients.						
			Private.		Pauper.		General Totals.		
			M.	F.	M.	F.	M.	F.	T.
Aberdeen Royal Asylum	Aberdeen	Dr. Reid	141	166	256	289	397	455	852
Crichton Royal Institution	Dumfries	Dr. Easterbrook.	219	280	181	204	400	484	884
Dundee Royal Asylum	Dundee	Dr. T. Mackenzie	33	34	..	..	33	34	67
Edinburgh Royal Asylum.	Edinburgh	Dr. Robertson	200	253	167	149	367	402	769
Glasgow Royal Asylum	Glasgow	Dr. Oswald	181	231	1	2	182	233	415
Montrose Royal Asylum	Montrose	Dr. Havelock	53	66	287	280	340	346	686
Murray's Royal Asylum	Perth	Dr. Dods Brown.	55	52	..	..	55	52	107
Aberdeen District Asylum	Kingseat	Dr. Alexander	..	1	249	226	249	227	476
Argyll District Asylum	Lochgilphead	Dr. Shaw	9	18	219	209	228	227	455
Ayr District Asylum	Ayr	Dr. MacRae	14	17	290	249	304	266	570
Banff District Asylum	Ladysbridge	Mr. Chisholm	2	4	90	87	92	91	183
Dundee District Asylum	Westgreen	Dr. T. Mackenzie	..	..	199	226	199	226	425
Edinburgh District Asylum	Bangour	Dr. Keay	1	6	404	425	405	431	836
Elgin District Asylum	Elgin	Mr. Hendry	2	6	64	73	66	79	145
Fife District Asylum	Cupar-Fife	Dr. Turnbull	..	8	309	311	309	319	628
Glasgow District Asylum	Gartloch	Dr. Parker	..	1	412	363	412	364	776
Do.	Lenzie	Dr. Carre	1	2	555	547	556	549	1,105
Govan District Asylum	Hawkhead	Dr. Macdonald	9	9	356	298	365	307	672
Haddington District Asylum	Haddington	Miss Sinclair	4	6	84	102	88	108	196
Inverness District Asylum	Inverness	Dr. Mackenzie	4	..	367	348	371	348	719
Kirklands Asylum	Bothwell	Dr. Skeen	..	..	125	107	125	107	232
Lanark District Asylum	Hartwood	Dr. Kerr	28	50	490	430	518	480	998
Midlothian District Asylum	Rosewell	Dr. Mitchell	15	21	159	157	174	178	352
Paisley District Asylum	Paisley	Mr. Pirie	8	9	100	95	108	104	212
Perth District Asylum	Murthly	Dr. Bruce	..	4	190	180	190	184	374
Renfrew District Asylum.	Dykebar	Dr. Hotchkis	..	..	163	162	163	162	325
Roxburgh District Asylum	Melrose	Dr. Johnstone	8	13	160	143	168	156	324
Stirling District Asylum	Larbert	Dr. Campbell	23	16	440	324	463	340	803
Totals in Royal and District Asylums			**1010**	**1,273**	**6,317**	**5,986**	**7,327**	**7,259**	**14,586**
Balgreen	Gorgie	Dr. John Batty Tuke	..	3	..	..	..	3	3
New Saughton Hall	Polton	Dr. John Batty Tuke	27	36	..	..	27	36	63
Westermains	Kirkintilloch	Mrs. Lawrie	2	3	..	..	2	3	5
Totals in Private Asylums			**29**	**42**	..	..	**29**	**42**	**71**
Greenock Parochial Asylum	Greenock	Mr. Houston	..	..	126	100	126	100	226
Totals in Parochial Asylum (*Lunatic Wards of Poorhouse with unrestricted Licence*)			..	..	**126**	**100**	**126**	**100**	**226**
Buchan Poorhouse	New Maud	Mr. Niven	..	..	26	24	26	24	50
Cuninghame Poorhouse	Irvine	Mr. Gillespie	..	..	45	46	45	46	91
Dumbarton Poorhouse	Dumbarton	Mr. McDonald	..	..	18	16	18	16	34
Dundee East Poorhouse	Dundee	Mr. Chisholm	..	..	46	40	46	40	86
Govan Poorhouse	Glasgow.	Mr. Thomson	..	..	99	98	99	98	197
Inveresk Poorhouse	Inveresk	Mr. Thom	..	..	14	16	14	16	30
Kincardine Poorhouse	Stonehaven	Mr. Hall	..	..	19	20	19	20	39
Lewis Poorhouse	Stornoway	Mr. Drummond	..	..	14	15	14	15	29
Linlithgow Poorhouse	Linlithgow	Mr. Johnstone	..	..	22	17	22	17	39
Long Island Poorhouse	Lochmaddy	Mr. Macdonald	..	..	24	9	24	9	33
Old Monkland Poorhouse	Coatbridge	Mr. Young	..	..	25	25	25	25	50
Paisley Poorhouse	Paisley	Mr. Black	..	..	48	55	48	55	103
Perth Poorhouse	Perth	Mr. Robbie.	..	..	20	19	20	19	39
Wigtown Poorhouse	Stranraer	Mr. Ormiston	..	..	21	15	21	15	36
Totals in Poorhouses with restricted Licences			..	..	**441**	**415**	**441**	**415**	**856**
General Totals			**1039**	**1,315**	**6,884**	**6,501**	**7,923**	**7,816**	**15,739**

APPENDIX A.—Table XVI.

Return showing the Number of Pauper Lunatics of each Sex chargeable to each County in Scotland on 1st January 1914, and the manner of their disposal.

COUNTIES.	Population in 1911.	Number of Pauper Lunatics at 1st January 1914.			DISPOSAL OF PAUPER LUNATICS.												
					In Establishments.						In Private Dwellings and under sanction of the Board.						
					In Asylums and in Wards of Poorhouses with Unrestricted Licences.			In Wards of Poorhouses with Restricted Licences.			With Relatives and alone.			With Strangers.			
		M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
1. Aberdeen { Aberdeen City Dist.	312,177	279	255	534	250	228	478	..	..	..	2	2	4	27	25	52	1
Aberdeen County Dist.		313	352	665	241	274	515	34	34	68	21	14	35	17	30	47	
2. Argyll	70,902	231	200	431	186	171	357	..	..	..	22	15	37	23	14	37	2
3. Ayr	268,337	374	332	706	287	249	536	56	47	103	20	16	36	11	20	31	3
4. Banff	61,402	127	116	243	91	86	177	..	..	..	10	11	21	26	19	45	4
5. Berwick	29,643	56	52	108	45	39	84	..	..	..	8	11	19	3	2	5	5
6. Bute	18,186	37	45	82	33	37	70	..	..	..	1	2	3	3	6	9	6
7. Caithness	32,010	70	84	154	37	56	93	1	..	1	24	20	44	8	8	16	7
8. Clackmannan	31,121	51	48	99	44	38	82	1	..	1	1	4	5	5	6	11	8
9. Dumbarton	139,831	172	136	308	136	101	237	31	21	52	2	3	5	17	30	47	9
10. Dumfries	72,825	106	110	216	99	101	200	..	..	..	4	2	6	3	7	10	10
11. Elgin (or Moray)	43,427	84	93	177	64	64	128	..	..	..	14	11	25	6	18	24	11
12. Fife	267,739	341	358	699	297	293	590	..	..	..	14	13	27	30	52	82	12
13. Forfar { Dundee Dist.	281,417	278	334	612	203	228	431	46	38	84	5	3	8	24	65	89	13
Forfar Dist.		219	190	409	188	152	340	8	3	11	12	14	26	11	21	32	
14. Haddington	43,254	75	96	171	63	82	145	5	6	11	5	6	11	2	2	4	14
15. Inverness	87,272	311	296	607	179	157	336	24	9	33	72	78	150	36	52	88	15
16. Kincardine	41,008	33	47	80	28	36	64	3	7	10	..	1	1	2	3	5	16
17. Kinross	7,527	12	20	32	12	19	31	..	..	..	..	..	..	..	1	1	17
18. Kirkcudbright	38,367	57	72	129	50	67	117	..	..	..	7	5	12	..	..	..	18
19. Lanark { Glasgow Dist.	1,447,034	1225	1255	2480	1013	934	1947	..	..	..	27	26	53	185	295	480	19
Govan Dist.		598	527	1125	414	356	770	99	99	198	8	19	27	77	53	130	
Lanark Dist.		602	552	1154	541	472	1013	25	25	50	15	25	40	21	30	51	
20. Linlithgow	80,155	95	62	157	64	48	112	18	9	27	6	3	9	7	2	9	20
21. Midlothian { Edinburgh Dist.	507,666	659	712	1371	550	541	1091	2	8	10	11	14	25	96	149	245	21
Mid-Lothian Dist.		156	154	310	137	125	262	7	6	13	6	12	18	6	11	17	
22. Nairn	9,319	29	19	48	22	15	37	..	..	..	3	3	6	4	1	5	22
23. Orkney	25,897	52	61	113	37	49	86	..	..	..	8	7	15	7	5	12	23
24. Peebles	15,258	23	31	54	23	29	52	..	..	..	..	1	1	..	1	1	24
25. Perth	124,342	247	225	472	192	176	368	19	19	38	12	6	18	24	24	48	25
26. Renfrew	314,552	465	454	919	377	358	735	37	52	89	12	2	14	39	42	81	26
27. Ross and Cromarty	77,364	245	256	501	138	134	272	14	15	29	71	76	147	22	31	53	27
28. Roxburgh	47,192	85	89	174	78	73	151	..	..	..	5	10	15	2	6	8	28
29. Selkirk	24,601	42	36	78	39	33	72	..	..	..	3	2	5	..	1	1	29
30. Shetland	27,911	54	68	122	32	44	76	..	..	..	18	19	37	4	5	9	30
31. Stirling	160,991	234	198	432	198	143	341	5	5	10	8	15	23	23	35	58	31
32. Sutherland	20,179	41	66	107	27	41	68	..	..	..	11	23	34	3	2	5	32
33. Wigtown	31,998	46	60	106	28	37	65	6	12	18	10	9	19	2	2	4	33
Totals	4,760,904	8124	8061	16,185	6443	6086	12,529	441	415	856	478	503	981	776	1076	1852	

APPENDIX A.—TABLE XVII.

The Manner in which the Pauper Lunatics chargeable to each County, placed on the Register of the Board during 1913, were disposed of, and the Changes that have taken place during the year in the Disposal of those on the Register on 1st January of that year.

COUNTIES.	No. of Pauper Lunatics at 1st January 1913.				Number intimated during the Year 1913.		(A) Disposal of Establishment Patients.*										(B) Disposal of Single Patients.										
	In Establishments.		In Private Dwellings as Single Patients.				Placed in Establishments.				Discharged from Establishments.						Exempted from Removal of Single Patients intimated.		Transferred from Establishments.		Removed from Jurisdiction of Board.				Died.		
							Of Patients intimated during 1913.		Of Single Patients transferred.		Recovered.		Removal from Poor-Roll or from Jurisdiction of Board.		Died.						By Recovery.		By Friends.				
	M.	F	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
1. Aberdeen	518	525	63	72	115	115	113	112	2	2	46	35	9	7	50	57	2	3	4	1	..	2	..	..	1	1	1
2. Argyll	186	170	42	28	26	21	23	19	2	1	12	6	..	..	12	13	3	2	2	1	..	..	..	..	..	1	2
3. Ayr	331	283	32	43	75	57	73	57	3	4	31	22	5	3	28	22	2	..	1	1	..	..	..	1	1	3	3
4. Banff	85	83	39	30	24	26	22	23	3	2	9	8	2	3	8	9	2	3	..	..	..	..	..	..	1	1	4
5. Berwick	42	40	12	14	9	6	9	6	..	..	1	2	1	1	4	3	..	..	..	1	..	..	..	..	1	1	5
6. Bute	33	38	4	9	5	4	5	4	..	1	1	1	..	2	4	3	..	..	..	..	..	..	..	..	..	..	6
7. Caithness	41	54	33	30	3	9	3	9	..	..	3	5	1	..	3	3	..	..	..	..	..	..	..	..	1	2	7
8. Clackmannan	44	36	6	12	8	12	8	12	2	1	7	5	1	..	..	6	..	..	2	..	..	..	..	..	..	1	8
9. Dumbarton	170	131	16	33	47	33	45	32	..	..	19	15	2	7	22	17	2	1	2	..	..	..	..	..	1	2	9
10. Dumfries	97	92	9	9	18	25	18	24	2	..	5	5	3	1	10	10	..	1	..	..	..	..	..	..	..	1	10
11. Elgin	68	70	20	27	10	14	7	9	1	1	4	6	4	1	4	9	3	5	..	1	..	..	1	..	1	3	11
12. Fife	304	316	42	62	55	61	53	60	1	2	22	21	15	15	17	44	2	1	4	7	1	1	2	..	..	2	12
13. Forfar	434	422	54	112	81	65	79	64	10	15	32	28	5	5	33	36	2	1	9	14	..	1	1	..	2	8	13
14. Haddington	67	81	7	11	10	21	10	21	..	2	2	6	3	2	5	8	..	..	..	..	..	1	..	..	..	..	14
15. Inverness	202	163	115	131	46	39	43	34	5	2	22	11	6	3	17	18	3	5	1	2	..	1	..	1	6	5	15
16. Kincardine	35	43	3	4	4	10	4	10	..	..	1	4	..	1	6	5	..	..	..	..	..	..	..	..	1	..	16
17. Kinross	12	19	..	1	3	3	3	3	..	..	2	2	..	..	1	..	..	..	..	..	..	..	..	..	..	..	17
18. Kirkcudbright	51	65	7	6	9	22	9	22	..	1	2	10	1	..	6	11	..	..	..	..	..	..	..	..	..	..	18
19. Lanark	2065	1873	340	459	526	501	501	487	29	28	206	203	60	43	226	219	25	14	21	24	8	4	6	3	10	14	19
20. Linlithgow	70	57	16	5	22	20	22	20	2	1	6	10	1	1	3	10	..	..	1	1	..	..	1	..	1	..	20
21. Midlothian—																											21
Edinburgh Dist.	532	557	115	168	137	127	137	123	2	7	49	51	15	13	44	60	..	4	4	9	4	1	..	2	6	8	
Midlothian ,,	140	131	12	23	27	35	26	34	1	2	7	10	2	4	11	20	1	1	..	1	..	..	..	..	..	..	
22. Nairn	23	16	8	4	2	3	2	3	1	..	..	1	1	1	3	2	..	..	..	..	..	..	..	..	..	..	22
23. Orkney	33	44	18	12	9	8	9	8	2	1	3	2	..	..	4	2	..	..	..	1	..	..	..	..	1	1	23
24. Peebles	20	26	..	1	6	9	6	8	..	..	2	2	..	..	1	2	..	1	..	..	..	..	..	..	..	..	24
25. Perth	209	193	36	34	36	43	35	42	..	4	12	15	5	7	15	22	1	1	..	2	..	..	..	..	1	2	25
26. Renfrew	399	404	50	44	135	92	135	89	1	2	64	33	13	9	44	43	..	3	3	1	..	..	1	..	..	1	26
27. Ross & Cromarty	151	150	97	109	24	26	23	25	3	2	12	13	1	2	11	11	1	1	1	2	..	..	..	..	3	3	27
28. Roxburgh	81	69	7	16	11	14	11	14	..	..	7	4	3	1	4	4	..	..	..	..	..	..	..	..	..	1	28
29. Selkirk	35	27	3	3	9	14	9	14	..	..	3	4	1	1	1	3	..	..	..	..	..	..	..	..	..	..	29
30. Shetland	36	44	20	24	11	10	8	9	..	..	4	3	..	..	8	7	3	1	..	..	..	..	..	..	1	..	30
31. Stirling	187	148	30	52	52	49	52	49	2	..	24	29	6	4	8	15	..	..	3	..	..	..	..	..	..	2	31
32. Sutherland	26	32	13	27	8	11	7	9	..	2	3	1	1	..	2	2	1	2	..	..	..	..	..	2	..	..	32
33. Wigtown	31	46	13	12	9	9	9	9	1	1	3	2	..	..	4	5	..	..	..	..	..	..	..	..	..	..	33
TOTALS.	6758	6448	1282	1627	1572	1514	1519	1464	75	84	626	573	167	137	619	701	53	50	58	69	13	11	12	9	39	63	

* Inmates of Schools for Imbeciles are not included in this Table.

APPENDIX A.—Table XVIII.

Return exhibiting the Number of Orders granted by the Sheriffs for Admission of Lunatics into any Public, Private, District, or Parochial Asylum or House, stating the Asylum or House to which such Order was sent, during the Year ended 31st December 1913.

Orders granted by the Sheriffs of the County of	For the Admission of Patients into the Asylum or House of	No. of Orders Granted.	Total.
1. Aberdeen	Royal Asylum, Aberdeen	181	
	District Asylum, Aberdeen	119	
			300
2. Argyll	Crichton Royal Institution, Dumfries	1	
	District Asylum, Argyll	44	
			45
3. Ayr	District Asylum, Ayr	152	
			152
4. Banff	District Asylum, Banff	43	
			43
5. Berwick	District Asylum, Roxburgh	11	
			11
6. Bute	District Asylum, Argyll	11	
			11
7. Caithness	Royal Asylum, Edinburgh	1	
	Do. Montrose	10	
			11
8. Clackmannan	District Asylum, Stirling	9	
			9
9. Dumbarton	District Asylum, Glasgow (Woodilee)	18	
	Do. Stirling	35	
	Kirklands Asylum, Bothwell	1	
			54
10. Dumfries	Crichton Royal Institution, Dumfries	160	
			160
11. Edinburgh (Midlothian)	Royal Asylum, Edinburgh	179	
	District Asylum, Edinburgh (Bangour)	194	
	Do. Haddington	1	
	Do. Midlothian	69	
	Do. Stirling	1	
	Private Asylum, New Saughton Hall	4	
			448
12. Elgin	Royal Asylum, Aberdeen	1	
	District Asylum, Elgin	23	
			24
13. Fife	Royal Asylum, Montrose	1	
	District Asylum, Fife	129	
			130
14. Forfar	Crichton Royal Institution, Dumfries	1	
	Royal Asylum, Dundee	21	
	Do. Montrose	99	
	Murray's Royal Asylum, Perth	1	
	District Asylum, Dundee	89	
			211
15. Haddington	District Asylum, Haddington	34	
			34
16. Inverness	Royal Asylum, Glasgow	1	
	District Asylum, Inverness	125	
			126
17. Kincardine	Royal Asylum, Montrose	5	
			5
	Carry Forward		1774

APPENDIX A.—Table XVIII.—*continued.*

Orders granted by the Sheriffs of the County of	For the Admission of Patients into the Asylum or House of	No. of Orders Granted.	Total.
	Brought forward		1774
18. Kinross	Murray's Royal Asylum, Perth	1	
	District Asylum, Fife	4	
			5
19. Kirkcudbright	Crichton Royal Institution, Dumfries	13	
			13
20. Lanark	Royal Asylum, Glasgow	82	
	District Asylum, Ayr	2	
	Do. Glasgow (Gartloch)	257	
	Do. Glasgow (Woodilee)	252	
	Do. Govan	252	
	Kirklands Asylum, Bothwell	87	
	District Asylum, Inverness	1	
	Do. Lanark	192	
	Do. Paisley	1	
	Do. Renfrew	5	
	Do. Stirling	1	
			1132
21. Linlithgow	District Asylum, Stirling	11	
			11
22. Nairn	District Asylum, Inverness	6	
			6
23. Orkney	Royal Asylum, Aberdeen	5	
	Do. Edinburgh	13	
	District Asylum, Elgin	1	
			19
24. Peebles	District Asylum, Midlothian	10	
			10
25. Perth	Murray's Royal Asylum, Perth	26	
	District Asylum, Fife	1	
	Do. Perth	84	
			111
26. Renfrew	Royal Asylum, Glasgow	3	
	Murray's Royal Asylum, Perth	1	
	District Asylum, Govan	3	
	Do. Paisley	79	
	Do. Renfrew	91	
	Do. Stirling	2	
	Kirklands Asylum, Bothwell	1	
	Parochial Asylum, Greenock	60	
			240
27. Ross	District Asylum, Inverness	17	
			17
28. Roxburgh	District Asylum, Roxburgh	51	
			51
29. Selkirk	District Asylum, Roxburgh	..	
			..
30. Shetland	Royal Asylum, Montrose	19	
			19
31. Stirling	District Asylum, Inverness	1	
	Do. Lanark	1	
	Do. Midlothian	1	
	Do. Stirling	198	
			201
32. Sutherland	District Asylum, Inverness	4	
			4
33. Wigtown	Crichton Royal Institution, Dumfries	15	
			15
	Total		3628

APPENDIX A.—Table XIX.

Return exhibiting the Number of Licences granted by the Board for the Continuance, Establishment, or Renewal of Charitable Institutions, Private Asylums, and Lunatic Wards of Poorhouses, and the Transfer of any such Licence from any one Asylum to another, during the Year ended 31st December 1913.

Name.	Number of Licences granted for Continuance or Renewal.	Number of Licences granted for Establishment.	Number of Licences Transferred.	Total.
1. Charitable Institutions . .	2	..	..	2
2. Private Asylums . . .	3	..	..	3
3. Lunatic Wards of Poorhouses .	15	..	..	15
Total . .	20	..	..	20

APPENDIX A.—TABLE XX.

Average Number of Patients Resident, and the Results of Treatment in each Asylum or other Establishment, for the Year 1913.

(a) *Royal and District Asylums.*

ROYAL AND DISTRICT ASYLUMS.	Average Number Resident.		Admissions (including Transfers).		Recoveries.		Discharges not Recovered (including Transfers).		Deaths.		Proportion of Recoveries per cent. on Admissions.		Proportion of Deaths per cent. on Average Number Resident.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
1. Aberdeen Royal Asylum — Private patients	142·5	162·5	31	47	12	23	10	7	12	11	38·7	48·9	8·4	6·8	1
Pauper do.	256·0	284·5	54	60	26	21	8	6	20	23	48·1	35·0	7·8	8·1	
Total	398·5	447·0	85	107	38	44	18	13	32	34	44·7	41·1	8·0	7·6	
2. Aberdeen District Asylum	246·5	221·5	67	65	20	16	10	4	32	34	29·9	24·6	13·0	15·3	2
3. Argyll District Asylum.	228·5	228·5	36	27	14	8	5	5	18	17	38·9	29·6	7·9	7·4	3
4. Ayr District Asylum	298·0	261·5	92	70	40	27	13	13	27	21	43·5	38·6	9·1	8·0	4
5. Banff District Asylum	90·0	89·0	21	25	8	8	2	3	7	10	38·1	32·0	7·8	11·2	5
6. Crichton Royal Institution, Dumfries — Private patients	214·0	274·5	43	63	13	17	10	9	12	23	30·2	27·0	5·6	8·4	6
Pauper do.	177·5	197·0	44	55	10	15	6	3	19	26	22·7	27·3	10·7	13·2	
Total	391·5	471·5	87	118	23	32	16	12	31	49	26·4	27·1	7·9	10·4	
7. Dundee Royal Asylum	30·5	34·0	12	12	4	5	1	3	2	4	33·3	41·7	6·6	11·8	7
8. Dundee District Asylum	202·5	227·0	43	57	13	20	13	17	24	22	30·2	35·1	11·9	9·7	8
9. Edinburgh Royal Asylum — Private patients	201·5	249·0	52	67	12	14	20	26	26	18	23·1	20·9	12·8	7·2	9
Pauper do.	163·5	153·5	55	33	15	13	13	14	17	16	27·3	39·4	10·5	10·5	
Total	365·0	402·5	107	100	27	27	33	40	43	34	25·2	27·0	11·8	8·4	
10. Edinburgh District Asylum	398·5	428·0	100	112	41	38	11	24	35	44	41·0	33·9	8·8	10·3	10
11. Elgin District Asylum	67·0	81·0	12	15	5	6	4	3	5	10	41·7	40·0	7·5	12·3	11
12. Fife District Asylum	311·0	330·5	66	76	25	26	27	28	18	45	37·9	34·2	5·8	13·6	12
13. Glasgow Royal Asylum	178·5	233·0	42	51	12	24	10	20	15	10	28·6	47·1	8·4	4·3	13
14. Glasgow District Asylum, Gartloch	411·5	360·0	129	140	49	62	32	31	47	39	38·0	44·3	11·4	10·8	14
15. Glasgow District Asylum, Woodilee	560·5	542·5	132	172	54	53	34	34	53	72	40·9	30·8	9·5	13·3	15
16. Govan District Asylum	360·0	317·5	163	116	46	38	46	36	61	62	28·2	32·8	16·9	19·6	16
17. Haddington District Asylum	87·5	105·0	11	26	2	7	2	4	6	9	18·2	26·9	6·9	8·6	17
18. Inverness District Asylum	370·0	343·0	87	85	37	24	18	19	30	32	42·5	28·2	8·1	9·3	18
19. Kirklands Asylum at Bothwell	124·0	104·0	49	44	20	10	9	11	18	17	40·8	22·7	14·5	16·3	19
20. Lanark District Asylum	507·0	473·5	112	100	35	51	14	15	41	21	31·3	51·0	8·1	4·4	20
21. Midlothian District Asylum	169·0	174·5	38	55	7	14	8	12	13	22	18·4	25·5	7·7	12·6	21
22. Montrose Royal Asylum — Private patients	51·5	64·0	16	23	7	11	2	3	7	5	43·8	47·8	13·7	7·8	22
Pauper do.	285·5	283·0	61	40	22	14	9	8	24	24	36·1	35·0	8·4	8·5	
Total.	337·0	347·0	77	63	29	25	11	11	31	29	37·7	39·7	9·2	8·4	
23. Murray's Royal Asylum, Perth	56·5	55·5	13	16	2	3	7	13	7	7	15·4	18·8	12·4	12·6	23
24. Paisley District Asylum	100·5	104·0	60	28	22	11	7	4	16	13	36·7	39·3	15·9	12·5	24
25. Perth District Asylum	190·5	183·5	38	54	13	16	13	14	13	23	34·2	29·6	6·8	12·5	25
26. Renfrew District Asylum	160·0	161·5	54	50	24	17	9	9	15	23	44·4	34·0	9·4	14·2	26
27. Roxburgh District Asylum	166·0	155·0	29	40	10	19	7	7	8	12	34·5	47·5	4·8	7·7	27
28. Stirling District Asylum	451·5	342·0	156	122	57	61	40	21	36	44	36·5	50·0	8·0	12·9	28
General Results	7257·5	7223·5	1918	1946	677	692	420	426	684	759	35·3	35·6	9·4	10·5	

APPENDIX A.—Table XX.—*continued.*

Average Number of Patients Resident, and the Results of Treatment in each Asylum or other Establishment, for the Year 1913.

(b) *Private Asylums.*

Private Asylums.	Average Number Resident.		Admissions (including Transfers).		Recoveries.		Discharges not Recovered (including Transfers).		Deaths.		Proportion of Recoveries per cent. on Admissions.		Proportion of Deaths per cent. on Average Number Resident.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1. Balgreen .	..	4·5	..	..	..	..	..	3	..	..	..	..	..	..
2. New Saughton Hall .	29·5	37·5	3	2	3	3	1	..	4	2	100	150	13·6	5·3
3. Westermains	2·0	3·0	..	..	..	..	..	..	..	..	..	..	..	..
General Results .	31·5	45·0	3	2	3	3	1	3	4	2	100	150	12·7	4·4

(c) *Parochial Asylum.*

(Lunatic Wards of a Poorhouse with Unrestricted Licence.)

Parochial Asylum.	Average Number Resident.		Admissions (including Transfers).		Recoveries.		Discharges not Recovered (including Transfers).		Deaths.		Proportion of Recoveries per cent. on Admissions.		Proportion of Deaths per cent. on Average Number Resident.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Greenock . .	128·5	98·5	43	22	27	14	4	2	17	3	62·8	63·6	13·2	3·0

APPENDIX A.—Table XX.—*continued.*

Average Number of Patients Resident, and the Results of Treatment in each Asylum or other Establishment, for the Year 1913.

(d) *Lunatic Wards of Poorhouses with Restricted Licences.*

Lunatic Wards of Poorhouses.	Average Number Resident.		Admissions (including Transfers).		Recoveries.		Discharges not Recovered (including Transfers.		Deaths.		Proportion of Recoveries per cent. on Admissions.		Proportion of Deaths per cent. on Average Number Resident.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1. Buchan (New Maud) .	25·0	25·5	2	3	..	..	..	2	..	4	..	..	..	15·7
2. Cuninghame (Irvine) . .	43·5	44·0	6	6	..	..	1	..	2	2	..	..	4·6	4·5
3. Dumbarton .	24·0	21·5	..	..	1	..	11	8	..	3	..	..	..	14·0
4. Dundee (East) . . .	44·5	39·0	6	6	2	..	1	1	..	3	33·3	..	..	7·7
5. Govan (Glasgow) .	99·5	98·5	3	10	..	..	1	2	3	9	..	..	3·0	9·1
6. Inveresk (Musselburgh).	14·0	16·0	..	..	..	..	..	..	..	..	..	..	..	..
7. Kincardine (Stonehaven) .	19·5	20·5	3	..	..	..	2	..	2	1	..	..	10·3	4·9
8. Lewis (Stornoway) .	12·5	13·5	6	5	1	1	1	1	1	..	16·7	20·0	8·0	..
9. Linlithgow .	20·0	17·0	5	3	..	..	1	2	..	1	..	..	..	5·9
10. Long Island (Lochmaddy).	23·5	9·0	4	3	..	..	3	2	..	1	..	..	..	11·1
11. Old Monkland .	25·0	25·0	3	..	..	..	1	..	2	..	..	..	8·0	..
12. Paisley . .	43·5	52·5	19	14	..	..	8	2	2	7	..	..	4·6	13·3
13. Perth . .	18·5	18·5	4	3	..	..	1	..	..	2	..	..	..	10·8
14. Wigtown (Stranraer) .	20·0	15·0	3	2	..	..	..	1	1	1	..	..	5·0	6·7
General Results .	433·0	415·5	64	55	4	1	31	21	13	34	6·3	1·8	3·0	8·2

(e) *Training Schools for Imbecile Children.*

Institutions.	Average Number Resident.		Admissions.		Recoveries.		Discharges not Recovered.		Deaths.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1. Baldovan . . .	129·0	74·0	26	17	..	..	12	3	7	10
2. Larbert	238·0	150·0	52	25	..	..	30	19	12	4
Total . .	367·0	224·0	78	42	..	..	42	22	19	14

APPENDIX A.—

Classification of all Recorded Causes of Death of Private Patients

(a) *Royal*

ESTABLISHMENTS.	Average Number Resident.		Total Number of Deaths.		Number of foregoing Deaths which took place within a Year after Admission.		DISEASES 1. Meningitis, Inflammation of Brain, Cerebro-Spinal Meningitis.		2. General Paralysis of the Insane.		3. Cerebral Softening.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Aberdeen Royal	142·5	162·5	12	11	6	4	..	..	1	..	..	..
Crichton Royal	214·0	274·5	12	23	6	6	..	1	4	..	..	1
Dundee Royal	30·5	34·0	2	4	2	3	..	..	1	..	..	..
Edinburgh Royal	201·5	249·0	26	18	12	9	..	..	9	1	1	..
Glasgow Royal	178·5	233·0	15	10	4	..	..	..	5	..	..	..
Montrose Royal	51·5	64·0	7	5	3	4	..	..	..	..	..	..
Murray's Royal	56·5	55·5	7	7	2	3	..	..	2	..	..	..

(b) *Private*

Balgreen	..	4·5	..	..	..	..	..	..	..	..	..	..
New Saughton Hall	29·5	37·5	4	2	..	..	..	..	..	..	1	..
Westermains	2·0	3·0	..	..	..	..	..	..	..	..	..	..

(a) *Royal*

ESTABLISHMENTS.	Diseases of Heart. 14. Valvular Disease, Fatty Degeneration, Syncope, &c. &c.		Diseases of Digestive System. 15. Diseases of Stomach (Non-Malignant), Intestines, Liver, and Peritoneum (Non-Tubercular).		Diseases of Urinary System. 16. Diseases of Kidney, Bladder, Prostate.		17. Dysentery (Colitis), Epidemic Diarrhœa, Infective Enteritis.		18. Diarrhœa not otherwise designated.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Aberdeen Royal	6	3	1	1	2	..	..	..	..	..
Crichton Royal	1	6	..	..	..	1	..	..	..	..
Dundee Royal	..	1	..	..	..	..	..	..	..	1
Edinburgh Royal	13	15	..	..	7	3	..	1	..	..
Glasgow Royal	1	4	1	1	1	3	..	..	..	..
Montrose Royal	1	3	..	..	..	..	..	..	..	..
Murray's Royal	1	1	..	..	..	1	..	..	..	..

(b) *Private*

Balgreen	..	..	..	..	..	..	..	..	..	..
New Saughton Hall	2	1	..	..	..	..	..	..	..	..
Westermains	..	..	..	..	..	..	..	..	..	..

TABLE XXI. (i.)

who Died in Asylums and other Establishments in the Year 1913.

Asylums.

OF THE NERVOUS SYSTEM.												Diseases of Blood Vessels.		Diseases of Respiratory System and Thorax.					
4.		5.		6.		7.		8.		9.		10.		11.		12.		13.	
Epilepsy and Convulsions.		Hemiplegia, Apoplexy, Cerebral Hæmorrhage, Cerebral Embolism.		Other Organic Disease of Brain, *including* Tumours of Brain, Malignant and Non-Malignant.		Exhaustion from Mania or Melancholia, not caused by Nervous Disease otherwise designated.		Paraplegia and Diseases of Cord, Locomotor Ataxy.		Neuritis and General Sclerosis of the Nervous System.		Aneurism and Arterial Sclerosis and other Diseases of the Blood Vessels, excluding those tabulated under Column 5.		Pulmonary Phthisis.		Pneumonia, Bronchitis, Pleurisy.		Other Forms of Pulmonary Disease.	
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1	..	..	3	..	1	1	..	..	..	..	..	..	..	..	1	2	..	..	..
1	1	1	4	..	..	1	1	..	..	..	..	1	1	..	1	1	7	..	2
..	..	..	3	..	1	..	..	..	..	..	..	1	..	..	..	..	..	1	1
3	..	3	2	1	..	1	3	..	..	..	..	6	5	3	1	10	7	3	2
1	..	1	1	..	..	1	..	..	1	..	..	1	1	1	..	..	4	1	1
1	..	1	..	3	1	..	..	..	..	..	..	2	..	..	1	..	1	..	1
1	..	..	..	2	1	..	..	..	..	..	..	1	..	..	1	1	3	..	..

Asylums.

..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

Asylums—(continued).

GENERAL DISEASES.																	
19.		20.		21.		22.		23.		24.		25.		26.		27.	
Erysipelas.		Abscess, Pyæmia, Septicæmia, and Cellulitis.		Typhoid, Influenza, and other Fevers.		Cancer, Carcinoma, Sarcoma, Malignant Disease, *excluding* Malignant Tumour of Brain.		Syphilis and other Venereal Diseases.		General Tuberculosis, and Tubercle of Organs other than Lungs.		Diseases of Thyroid, Lymphatic and other Glands.		Atrophy, Debility, and Old Age.		Suicide and Accidents.*	
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
..	..	..	..	..	..	..	1	..	..	..	..	..	..	1	1	..	1
..	..	..	..	..	2	..	..	..	..	..	..	..	..	2	9	1	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..
..	..	1	..	..	..	1	1	2	1	..	..	..	..	8	5	1	..
..	..	1	..	..	..	..	..	..	..	..	..	..	..	3	2	..	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	1	..	..
..	..	..	..	..	1	..	..	..	..	..	..	..	..	1	1	..	..

Asylums—(continued).

..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

* Including deaths from accidents sustained prior to admission to Asylum.

APPENDIX A.—

Classification of all Recorded Causes of Death of Pauper Patients

(a) *Royal and*

ESTABLISHMENTS.	Average Number Resident.		Total Number of Deaths.		Number of foregoing Deaths which took place within a Year after Admission.		DISEASES 1. Meningitis, Inflammation of Brain, Cerebro-Spinal Meningitis.		2. General Paralysis of the Insane.		3. Cerebral Softening.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Aberdeen Royal	256·0	284·5	20	23	12	12	..	..	3	..	..	..
Aberdeen District	246·5	221·5	32	34	12	15	..	1	6	2	..	..
Argyll District	228·5	228·5	18	17	5	5	..	..	3	..	..	1
Ayr District	298·0	261·5	27	21	14	11	1	..	11	..	..	..
Banff District	90·0	89·0	7	10	3	6	..	..	..	..	..	..
Crichton Royal	177·5	197·0	19	26	4	7	..	..	4	1	..	..
Dundee District	202·5	227·0	24	22	10	12	..	..	8	..	..	..
Edinburgh Royal	163·5	153·5	17	16	10	6	1	1	10	2	..	..
Edinburgh District	398·5	428·0	35	44	15	19	..	..	11	5	3	4
Elgin District	67·0	81·0	5	10	3	4	1	..	1	..	..	..
Fife District	311·0	330·5	18	45	5	21	..	1	5	2	1	12
Glasgow District (Gartloch)	411·5	360·0	47	39	20	13	..	1	14	5	1	1
Glasgow District (Woodilee)	560·5	542·5	53	72	22	28	..	..	15	7	2	3
Govan District	360·0	317·5	61	62	36	33	..	..	16	5	..	2
Haddington District	87·5	105·0	6	9	2	3	..	..	..	..	..	..
Inverness District	370·0	343·0	30	32	11	16	..	..	4	..	..	..
Kirklands Asylum	124·0	104·0	18	17	5	11	..	..	3	1	1	2
Lanark District	507·0	473·5	41	21	15	9	1	..	10	..	1	..
Midlothian District	169·0	174·5	13	22	7	10	..	..	5	1	..	1
Montrose Royal	285·5	283·0	24	24	11	6	..	..	4	1	2	..
Paisley District	100·5	104·0	16	13	12	6	..	..	3	..	..	..
Perth District	190·5	183·5	13	23	2	11	..	..	3	..	..	..
Renfrew District	160·0	161·5	15	23	8	10	..	..	5	1	1	2
Roxburgh District	166·0	155·0	8	12	4	4	..	..	3	..	1	2
Stirling District	451·5	342·0	36	44	19	23	1	..	9	3	3	1
(b) *Parochial Asylum.*—Lunatic Wards of												
Greenock	128·5	98·5	17	3	9	1	1	..	4	..	1	..
(c) *Lunatic Wards of Poorhouses*												
Buchan	25·0	25·5	..	4	..	..	..	..	..	..	..	..
Cuninghame	43·5	44·0	2	2	..	..	..	..	..	..	..	..
Dumbarton	24·0	21·5	..	3	..	..	..	..	..	..	..	..
Dundee, East	44·5	39·0	..	3	..	..	..	..	..	..	..	..
Govan	99·5	98·5	3	9	..	..	..	..	..	..	..	..
Inveresk	14·0	16·0	..	..	..	..	..	..	..	..	..	..
Kincardine	19·5	20·5	2	1	..	..	..	..	..	..	..	..
Lewis	12·5	13·5	1	..	..	..	..	..	..	..	..	..
Linlithgow	20·0	17·0	..	1	..	..	..	..	..	..	..	..
Long Island	23·5	9·0	..	1	..	..	..	..	..	..	..	..
Old Monkland	25·0	25·0	2	..	..	..	..	..	..	..	..	..
Paisley	43·5	52·5	2	7	..	..	..	..	..	2	..	..
Perth	18·5	18·5	..	2	..	..	..	..	..	..	..	..
Wigtown	20·0	15·0	1	1	..	..	..	..	..	..	..	..

* The figures for District Asylums include a few private patients, having the same

TABLE XXI. (ii.).

who Died in Asylums and other Establishments in the Year 1913.

*District Asylums.**

OF THE NERVOUS SYSTEM.												Diseases of Blood Vessels.		Diseases of Respiratory System and Thorax.					
4.		5.		6.		7.		8.		9.		10.		11.		12.		13.	
Epilepsy and Convulsions.		Hemiplegia, Apoplexy, Cerebral Hæmorrhage, Cerebral Embolism.		Other Organic Disease of Brain, *including* Tumours of Brain Malignant and Non-Malignant.		Exhaustion from Mania or Melancholia, not caused by Nervous Disease otherwise designated.		Paraplegia and Diseases of Cord, Locomotor Ataxy.		Neuritis and General Sclerosis of the Nervous System.		Aneurism and Arterial Sclerosis and other Diseases of the Blood Vessels, excluding those tabulated under Column 5.		Pulmonary Phthisis.		Pneumonia, Bronchitis, Pleurisy.		Other Forms of Pulmonary Disease.	
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
3	1	2	4	..	1	2	6	..	..	..	..	..	..	..	..	2	2	..	..
3	1	1	1	..	..	5	3	1	1	1	..	1	2	1	4	3	3	1	..
1	..	2	4	1	1	..	..	..	..	..	1	..	1	1	..	1	3	3	..
3	5	..	..	2	3	1	4	..	..	..	..	..	1	1	1	6	7	2	3
..	..	1	..	..	..	1	1	..	1	..	..	..	..	2	3	1	5	1	1
1	..	..	1	..	..	..	1	1	..	..	..	..	..	3	5	4	7	1	1
2	1	2	4	4	3	..	1	..	..	..	1	..	..	2	5	1	2	..	1
..	..	1	1	1	1	2	1	1	..	..	..	3	2	2	5	3	2	2	1
2	..	1	4	..	..	..	2	..	..	..	..	2	8	7	10	5	7	2	2
1	..	..	2	..	..	..	..	..	..	..	..	..	1	1	1	2	..	..	..
2	1	4	7	1	3	..	5	..	..	..	1	..	1	3	4	3	8	..	3
3	..	1	3	1	3	1	1	..	..	..	..	..	2	8	5	8	6	1	2
4	2	3	3	2	7	3	3	..	..	..	..	2	5	5	9	..	8	1	2
2	5	7	6	3	2	5	10	..	..	..	..	3	1	4	7	4	2	2	..
..	..	1	1	..	..	2	2	..	..	..	..	..	..	..	3	1	1	..	1
2	..	1	2	9	13	3	4	..	..	..	..	..	..	9	9	6	8	1	3
1	1	2	3	3	7	1	4	..	..	..	..	1	..	9	..	1	..	..	1
5	2	..	3	..	..	2	4	..	..	..	..	6	2	8	2	3	3	3	..
..	..	1	..	..	..	..	2	..	..	..	..	..	1	2	4	..	3	2	..
1	3	1	..	5	7	2	..	..	..	..	..	3	..	2	3	1	..	..	2
5	3	1	..	1	..	7	5	..	..	..	..	1	1	1	1	1	3	1	..
..	1	3	3	..	..	3	13	..	..	..	..	..	..	2	1	2	..	..	1
..	1	..	..	1	1	..	4	..	..	..	..	..	..	1	3	6	3	1	1
..	..	1	1	..	..	..	..	..	..	..	..	1	..	1	5	..	..	..	1
..	..	..	1	3	..	..	2	..	..	..	..	..	..	6	8	3	1	1	5
Poorhouse with Unrestricted Licence.																			
2	..	..	..	2	..	6	3	..	..	..	..	1	..	2	1	1	1	3	..
with Restricted Licences.																			
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..
..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	1	1	2	..	..	..	..	..	..	..	..	..	1	..	2	1	3	1	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..
..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	..	..	..	..	..	..	2	..	..	..	..	..	1	..	..	2	..	..	..
..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	..	..	..	..	..	..	1	..	..	..	..	..	..	1	..	..	..	..	..

accommodation and treatment as pauper patients, and drawn, as a rule, from much the same social class.

APPENDIX A.—

Classification of all Recorded Causes of Death of Pauper Patients

(a) *Royal and*

ESTABLISHMENTS.	Diseases of Heart. 14. Valvular Disease, Fatty Degeneration, Syncope, &c. &c.		Diseases of Digestive System. 15. Diseases of Stomach (Non-Malignant), Intestines, Liver, and Peritoneum (Non-Tubercular).		Diseases of Urinary System. 16. Diseases of Kidney, Bladder, Prostate.		17. Dysentery (Colitis), Epidemic Diarrhœa, Infective Enteritis.		18. Diarrhœa not otherwise designated.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Aberdeen Royal	6	5	2	1	..	..	..	..	..	..
Aberdeen District	10	20	2	..	3	..	1	..	..	..
Argyll District	7	3	..	1	2	2	..	..	..	..
Ayr District	4	8	..	1	..	..	..	..	..	..
Banff District	1	..	2	1	1	1	..	..	..	..
Crichton Royal	3	7	1	1	1	2	..	..	..	..
Dundee District	7	4	..	..	..	2	..	..	..	..
Edinburgh Royal	5	8	1	4	4	5	..	..	..	..
Edinburgh District	2	5	3	3	1	3	..	..	..	..
Elgin District	1	3	..	..	..	3	..	..	..	..
Fife District	4	9	2	4	..	4	..	..	..	..
Glasgow District (Gartloch)	18	18	1	3	4	4	..	..	..	..
Glasgow District (Woodilee)	12	5	2	3	1	3	2	15	..	..
Govan District	8	9	2	3	2	1	..	..	..	..
Haddington District	2	2	..	..	..	..	..	..	..	..
Inverness District	3	7	1	3	3	2	..	..	..	..
Kirklands Asylum	1	4	..	..	1	3	..	..	..	..
Lanark District	11	6	..	1	1	3	..	1	..	..
Midlothian District	1	6	..	1	1	1	..	..	..	..
Montrose Royal	8	11	..	..	..	1	..	..	..	..
Paisley District	4	5	..	..	2	2	..	..	..	..
Perth District	2	3	..	..	..	1	..	..	..	..
Renfrew District	5	4	..	..	..	5	..	..	..	..
Roxburgh District	5	8	..	1	..	1	..	..	..	..
Stirling District	13	27	..	1	7	4	..	1	..	..
(b) *Parochial Asylums.*—Lunatic Wards of										
Greenock	1	..	1	..	1	..	..	..	..	..
(c) *Lunatic Wards of Poorhouses*										
Buchan	..	2	..	..	..	3	..	..	..	..
Cuninghame	..	..	..	1	..	..	..	..	..	..
Dumbarton	..	..	..	1	..	1	..	..	..	..
Dundee, East	..	..	..	2	..	..	..	..	..	..
Govan	..	..	..	1	..	3	..	..	..	..
Inveresk	..	..	..	..	..	..	..	..	..	..
Kincardine	2	..	..	..	2	..	..	..	..	..
Lewis	..	..	..	..	..	..	..	..	..	..
Linlithgow	..	1	..	..	..	..	..	..	..	..
Long Island	..	..	..	..	..	..	..	..	..	..
Old Monkland	1	..	..	..	1	..	..	..	..	..
Paisley	..	3	..	..	..	1	..	..	..	..
Perth	..	2	..	..	..	..	..	..	..	..
Wigtown	..	..	..	..	..	..	..	..	..	..

* The figures for District Asylums include a few private patients, having the same accommodation

TABLE XXI. (ii.).—(*continued*).

who Died in Asylums and other Establishments in the Year 1913.

*District Asylums.**

GENERAL DISEASES.																	
19. Erysipelas.		20. Abscess, Pyæmia, Septicæmia, and Cellulitis.		21. Typhoid, Influenza, and other Fevers.		22. Cancer, Carcinoma, Sarcoma, Malignant Disease, *excluding* Malignant Tumour of Brain.		23. Syphilis and other Venereal Diseases.		24. General Tuberculosis, and Tubercle of Organs other than Lungs.		25. Diseases of Thyroid, Lymphatic, and other Glands.		26. Atrophy, Debility, and Old Age.		27. Suicide and Accidents.†	
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
..	..	1	..	..	1	2	1	..	1	..	1	..	..	1	3	1	..
..	..	1	1	..	..	2	1	..	..	1	4	..	..	2	5	1	..
..	..	..	1	..	..	..	..	..	..	..	1	..	..	4	4	..	..
..	..	..	..	..	..	2	1	..	..	1	..	..	..	8	8	.	..
..	..	..	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..
..	..	..	1	1	..	1	3	..	..	1	..	..	..	1	6	1	..
..	..	..	..	..	..	..	2	1	..	2	1	..	..	1	..	..	..
..	..	..	..	..	..	1	2	..	..	..	2	..	..	8	6	..	..
..	..	2	1	..	3	..	1	..	..	4	5	..	..	3	2	..	..
..	..	..	..	..	1	..	1	..	..	..	1	..	..	1	..	..	..
..	..	1	2	..	..	..	..	..	..	1	2	..	..	2	15	..	..
..	..	2	1	..	1	..	4	1	..	1	1	..	..	4	9	..	..
..	..	2	3	..	..	1	3	..	2	2	1	..	..	11	17	1	..
..	..	1	..	1	3	3	..	..	..	1	3	..	..	10	11	..	1
..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..
..	..	..	1	..	..	1	1	..	..	1	2	..	..	11	13	2	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	4	..	..
..	..	..	..	..	..	2	1	..	..	..	..	..	1	1	1	1	..
..	..	1	1	..	..	..	1	..	..	1	2	..	..	1	5	..	1
..	..	..	..	..	..	..	2	..	..	1	3	..	..	3	5	..	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	1	..	..
..	..	..	..	..	..	..	3	..	..	..	..	..	..	3	8	..	..
..	..	1	..	..	..	..	2	..	..	..	2	..	..	..	3	1	..
..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	2	..	1
..	..	..	..	..	..	..	..	..	..	..	1	..	..	5	7	..	..
Poorhouse with Unrestricted Licence.																	
..	..	..	..	..	..	..	..	..	..	..	..	..	..	7	1	2	..
with Restricted Licences.																	
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..
..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1	..	1
..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
..	..	..	..	..	..	1	..	..	..	..	1	..	..	..	..	..	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..
..	..	..	..	..	1	..	..	..	..	..	1	..	..	..	1	..	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

and treatment as pauper patients, and drawn, as a rule, from much the same social class.

† Including deaths from accidents sustained prior to admission to Asylum.

APPENDIX A.—

Return of Expenditure for each County on Account of

COUNTIES.	Number of Pauper Lunatics relieved during the year.		Number of Days during the Year on which			
			In Royal Asylums.	In District Asylums.	In Parochial Asylums.	In Lunatic Wards of Poorhouses with Restricted Licences.
	M.	F.				
1. Aberdeen	683	701	184,054	169,436	..	25,656
2. Argyll	257	217	13	130,254	..	50
3. Ayr	437	395	104	189,489	..	35,959
4. Banff	152	131	116	61,448	..	..
5. Berwick	61	62	..	29,472	..	..
6. Bute	44	49	..	25,475	..	..
7. Caithness	85	93	33,639	930	..	365
8. Clackmannan	56	57	39	27,995	..	365
9. Dumbarton	215	184	..	87,291	..	19,445
10. Dumfries	137	121	69,861	336	..	..
11. Elgin	104	114	365	50,602	..	..
12. Fife	417	432	874	220,350	..	..
13. Forfar	590	627	125,742	154,978	..	33,453
14. Haddington	89	105	..	50,115	..	4,006
15. Inverness	358	344	440	116,685	..	11,795
16. Kincardine	45	55	23,804	..	..	4,556
17. Kinross	15	22	..	11,093	..	..
18. Kirkcudbright	69	80	41,674	..	..	..
19. Lanark	2907	2798	1,278	1,336,774	2,378	91,073
20. Linlithgow	108	82	31	37,546	..	8,573
21. Midlothian	962	1040	94,969	387,378	43	7,926
22. Nairn	33	22	..	13,512	..	..
23. Orkney	56	62	21,846	6,549	..	..
24. Peebles	28	31	112	15,813	..	..
25. Perth	285	280	..	132,258	2,920	12,495
26. Renfrew	573	548	..	179,693	75,298	33,683
27. Ross	269	282	169	95,356	..	8,133
28. Roxburgh	99	103	365	53,819	..	..
29. Selkirk	43	39	..	22,395	..	..
30. Shetland	70	82	30,189	..	..	..
31. Stirling	254	256	..	113,670	..	4,924
32. Sutherland	47	64	365	20,804	..	..
33. Wigtown	50	63	21,572	268	..	6,603
Totals and Averages	9598	9541	651,621	3,741,784	80,639	309,060

TABLE XXII.

Pauper Lunatics during the Year ending 15th May 1913.

Relief was granted to Patients.			TOTAL.	Proportion per Cent. of Days of Relief.			
In Training Schools for Imbecile Children.	In Private Dwellings.			In Royal, District, and Parochial Asylums, and Training Schools for Imbecile Children.	In Lunatic Wards of Poorhouses with Restricted Licences.	In Private Dwellings.	
	With Relatives.	With Strangers.					
5,877	14,872	35,640	435,535	82·5	5·9	11·6	1
365	10,524	15,549	156,755	83·4	..	16·6	2
6,652	14,617	12,436	259,257	75·7	13·9	10·4	3
889	8,975	15,905	87,333	71·5	..	28·5	4
365	7,385	2,316	39,538	75·5	..	24·5	5
..	1,460	3,285	30,220	84·3	..	15·7	6
..	16,542	6,989	58,465	59·1	0·6	40·3	7
47	2,116	4,632	35,194	79·8	1·0	19·2	8
1,641	1,436	16,501	126,314	70·4	15·4	14·2	9
40	2,482	4,396	77,115	91·1	..	8·9	10
365	8,494	8,093	67,919	75·6	..	24·4	11
7,708	9,467	28,374	266,773	85·8	..	14·2	12
11,122	13,082	45,949	384,326	75·9	8·7	15·4	13
2,911	4,745	1,825	63,602	83·4	6·3	10·3	14
2,448	56,160	35,920	223,448	53·5	5·3	41·2	15
545	389	1,798	31,092	78·3	14·7	7·0	16
..	..	365	11,458	96·8	..	3·2	17
365	3,995	730	46,764	89·9	..	10·1	18
64,554	40,373	250,472	1,786,902	78·6	5·1	16·3	19
2,664	3,794	4,051	56,659	71·0	15·1	13·9	20
21,340	15,861	101,120	628,637	80·1	1·3	18·6	21
..	2,190	2,303	18,005	75·0	..	25·0	22
..	5,781	4,774	38,950	72·9	..	27·1	23
1,578	365	..	17,868	98·0	..	2·0	24
5,689	6,566	18,499	178,427	79·0	7·0	14·0	25
7,494	3,824	29,779	329,771	79·6	10·2	10·2	26
..	55,087	21,118	179,863	53·1	4·5	42·4	27
827	5,353	2,630	62,994	87·3	..	12·7	28
730	1,825	365	25,315	91·3	..	8·7	29
365	13,473	2,915	46,942	65·1	..	34·9	30
5,460	8,546	21,667	154,267	77·2	3·2	19·6	31
365	12,430	2,231	36,195	59·5	..	40·5	32
365	6,966	1,838	37,612	59·0	17·6	23·4	33
152,771	**359,175**	**704,465**	**5,999,515**	**77·1**	**5·2**	**17·7**	

APPENDIX A.—

Return of Expenditure for each County on Account of

COUNTIES.	Expenditure for Maintenance of Patients														
	In Royal Asylums.			In District Asylums.			In Parochial Asylums.			In Lunatic Wards of Poorhouses with Restricted Licences.			In Training Schools for Imbecile Children.		
	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.
1. Aberdeen	16,164	3	4	12,296	14	1	..			1,227	6	9	461	1	6
2. Argyll	1	4	0	8,760	11	0	..			3	4	3	25	9	0
3. Ayr	9	2	4	13,529	13	9	..			2,012	18	3	514	6	8
4. Banff	11	0	9	3,579	12	1	..			..			101	12	0
5. Berwick	..			2,516	12	10	..			..			33	6	0
6. Bute	..			1,700	12	0	..			..			..		
7. Caithness	2,941	12	11	65	10	6	..			22	3	2	..		
8. Clackmannan	3	9	9	2,034	13	1	..			24	9	7	3	18	4
9. Dumbarton	..			6,330	12	9	..			1,272	17	10	143	9	6
10. Dumfries	4,580	4	11	26	19	2	..			..			3	3	0
11. Elgin	34	0	0	3,724	9	6	..			..			32	18	0
12. Fife	82	14	2	15,833	1	10	..			..			599	12	11
13. Forfar	10,969	7	7	12,129	3	10	..			2,650	17	7	825	8	9
14. Haddington	..			4,139	2	10	..			205	1	8	239	8	0
15. Inverness	32	3	2	8,992	4	11	..			864	13	0	197	10	0
16. Kincardine	2,099	12	3	..			..			269	3	1	41	18	6
17. Kinross	..			779	6	5	..			..			..		
18. Kirkcudbright	2,704	3	5	..			..			..			28	0	0
19. Lanark	108	5	6	93,728	11	4	236	4	1	5,388	11	10	5,070	12	8
20. Linlithgow	2	18	7	2,667	2	3	..			586	5	11	248	13	2
21. Midlothian	9,016	8	0	29,962	6	1	3	16	9	494	9	2	1,631	18	10
22. Nairn	..			1,022	3	0	..			..			..		
23. Orkney	2,130	2	7	511	9	10	..			..			..		
24. Peebles	10	2	1	1,127	7	3	..			..			141	19	8
25. Perth	..			9,827	9	1	229	13	4	825	12	9	412	7	8
26. Renfrew	..			14,500	7	2	5,425	17	8	2,295	5	11	601	2	1
27. Ross	15	12	3	7,260	4	4	..			467	6	0	..		
28. Roxburgh	32	0	0	4,627	0	6	..			..			67	4	8
29. Selkirk	..			1,904	2	0	..			..			56	0	0
30. Shetland	2,685	4	10	..			..			..			28	0	0
31. Stirling	..			8,222	18	9	..			355	6	5	480	12	6
32. Sutherland	32	0	0	1,578	13	5	..			..			28	0	0
33. Wigtown	1,411	7	5	20	7	2	..			385	4	1	33	1	0
Totals	55,076	19	10	273,399	2	9	5,895	11	10	19,350	17	3	12,050	14	5

TABLE XXII.—(*continued*).

Pauper Lunatics during the Year ending 15th May 1913.

during the Year.																				
In Private Dwellings.						Extra Expenditure for Certificates of Lunacy, Trial, etc., of Dangerous Lunatics, and Transport of Patients, etc.			Total Expenditure during the Year.			Amount of Expenditure Repaid or Contributed by Relatives or Others.			Amount of foregoing Expenditure Contributed by Government.					
With Relatives.			With Strangers.																	
£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.			
632	2	6	1,746	5	9	622	12	0	33,150	5	11	1,256	5	0	8,553	3	11	1		
460	15	8	842	13	3	329	4	5	10,423	1	7	319	3	3	3,115	8	0	2		
674	13	10	721	17	6	494	18	3	17,957	10	7	1,004	4	9	5,017	8	10	3		
340	12	2	759	6	7	247	10	1	5,039	13	8	239	15	3	1,607	16	9	4		
300	8	11	154	13	3	88	16	4	3,093	17	4	158	4	8	746	14	0	5		
71	8	8	169	17	6	102	4	6	2,044	2	8	434	13	11	549	15	10	6		
645	9	8	355	14	0	232	7	4	4,262	17	7	76	12	0	1,066	1	0	7		
104	17	7	272	17	10	83	7	7	2,527	13	9	189	9	7	682	10	0	8		
74	7	11	1,002	9	3	313	18	11	9,137	16	2	599	0	5	2,477	14	5	9		
131	13	3	226	2	2	132	1	4	5,100	3	10	51	19	0	1,564	1	10	10		
370	11	1	409	9	2	118	14	0	4,690	1	9	304	1	10	1,270	11	9	11		
472	12	3	1,575	13	5	605	10	9	19,169	5	4	1,612	10	7	5,149	15	10	12		
670	7	11	2,678	2	2	586	7	7	30,509	15	5	928	7	11	7,759	2	3	13		
198	16	9	104	15	4	150	11	10	5,037	16	5	205	11	8	1,268	15	6	14		
2,054	14	2	1,675	14	2	747	13	6	14,564	12	11	490	5	2	3,911	12	10	15		
21	6	5	94	18	1	69	17	7	2,596	15	11	76	1	5	615	8	10	16		
..			17	16	10	29	4	4	826	7	7	104	0	11	210	0	1	17		
177	17	8	34	12	6	97	4	7	3,041	18	2	69	11	9	934	1	9	18		
1,694	9	2	14,454	18	6	3,007	19	6	123,689	12	7	7,552	16	3	34,942	1	7	19		
166	11	1	259	19	4	147	18	11	4,079	9	3	319	18	8	1,110	3	4	20		
791	13	0	6,142	1	2	1,219	10	1	49,262	3	1	2,123	15	5	12,568	15	3	21		
81	0	11	103	9	9	24	13	5	1,231	7	1	122	16	4	319	7	8	22		
210	4	9	216	1	7	153	8	4	3,221	7	1	195	6	8	727	7	5	23		
14	4	0	..			45	7	1	1,339	0	1	111	3	6	354	7	9	24		
311	10	4	1,039	13	2	461	1	4	13,107	7	8	1,380	2	0	3,314	2	7	25		
197	1	7	1,881	14	5	598	2	8	25,499	11	6	1,921	8	8	6,502	14	6	26		
1,900	14	0	1,008	19	9	621	1	11	11,273	18	3	211	12	3	3,104	16	4	27		
269	4	6	149	9	7	140	19	10	5,285	19	1	263	10	9	1,272	1	3	28		
85	4	0	26	0	0	48	13	0	2,119	19	0	130	17	1	503	9	11	29		
448	9	6	118	18	6	178	12	9	3,459	5	7	46	14	8	825	15	10	30		
397	2	6	1,252	7	5	356	15	6	11,065	3	1	634	1	0	3,018	15	6	31		
454	0	5	129	10	5	141	7	6	2,363	11	9	156	8	0	618	14	2	32		
290	19	8	87	4	1	134	6	4	2,362	9	9	87	18	6	706	4	1	33		
14,715	15	10	39,712	16	5	12,332	3	1	432,534	1	5	23,378	8	10	116,389	0	7			

APPENDIX A.—Table XXIII.

Expenditure by Parish Councils on account of Pauper Lunatics for each Year from 1889–1890 to 1912–1913.

YEARS.	In Asylums and Schools for Imbeciles.	In Lunatic Wards of Poorhouses.	In Private Dwellings.	For Certificates, Cost of Transport, etc.	Total Expenditure.
	£	£	£	£	£
1889–90 . . .	174,671	15,962	38,256	7376	236,265
1890–91 . . .	180,627	16,665	39,175	7646	244,113
1891–92 . . .	186,831	17,115	39,435	8247	251,628
1892–93 . . .	189,102	16,476	40,781	8663	255,021
1893–94 . . .	191,590	16,570	42,389	9035	259,585
Average of 5 Years .	184,564	16,558	40,007	8193	249,322
1894–95 . . .	197,994	15,842	44,172	9331	267,339
1895–96 . . .	207,691	15,023	44,959	9193	276,866
1896–97 . . .	215,849	15,646	44,618	9259	285,372
1897–98 . . .	228,486	16,280	43,994	10,118	298,878
1898–99 . . .	237,514	17,265	44,832	9745	309,356
Average of 5 Years .	217,507	16,011	44,515	9529	287,562
1899–1900 . . .	253,541	17,446	45,883	9246	326,116
1900–1901 . . .	265,602	24,142	46,672	9244	345,660
1901–1902 . . .	278,144	22,527	47,108	9834	357,613
1902–1903 . . .	285,664	22,935	47,328	10,145	366,072
1903–1904 . . .	289,620	22,996	47,392	10,466	370,474
Average of 5 Years .	274,514	22,009	46,877	9787	353,187
1904–1905 . . .	306,194	19,495	48,040	10,761	384,490
1905–1906 . . .	311,046	19,197	49,732	11,133	391,108
1906–1907 . . .	310,115	16,620	50,218	11,672	388,625
1907–1908 . . .	321,233	14,717	51,158	11,574	398,682
1908–1909 . . .	324,070	14,907	51,992	11,285	402,254
Average of 5 Years .	314,532	16,987	50,228	11,285	393,032
1909–1910 . . .	325,972	17,290	52,008	10,996	406,266
1910–1911 . . .	333,669	17,185	53,882	10,958	415,694
1911–1912 . . .	342,347	18,159	54,627	12,362	427,495
1912–1913 . . .	346,422	19,351	54,429	12,332	432,534

APPENDIX A.—Table XXIV.

The Average Daily Cost of Maintenance of Pauper Lunatics in the different Classes of Establishments, and in Private Dwellings, in each of the Eight Years 1905–06 to 1912–13.

ASYLUMS.	1905–6		1906–7		1907–8		1908–9		1909–10		1910–11		1911–12		1912–13	
	s.	*d.*	*s.*	*d.*	*s.*	*d.*	*s.*	*d.*	*s.*	*d.*	*s.*	*d.*	*s.*	*d.*	*s.*	*d.*
In Royal and District Asylums, Private Asylums, Parochial Asylums, and Schools for Imbeciles . .	1	6½	1	6	1	6	1	6	1	5¾	1	6	1	6	1	6
In Lunatic Wards of Poorhouses .	1	1¼	0	11½	1	1¼	1	1¼	1	2	1	1¾	1	2	1	3
In Private Dwellings . . .	1	0	1	0	1	0	1	0	1	0	1	0½	1	0¼	1	0¼
General Averages	1	5¼	1	5	1	5¼	1	5¼	1	5	1	5½	1	5¼	1	5¼

APPENDIX A.—Table XXV.

The Daily Rate of Maintenance for each mode of providing for Pauper Lunatics in each County during the Year ending 15th May 1913.

COUNTIES.	In Royal, District, and Parochial Asylums, and Training Schools for Imbecile Children.	In Licensed Wards of Poor-houses with Restricted Licences.	In Private Dwellings.	General Averages. (This also includes the Extra expenditure for Certificates of Lunacy, Cost of Transport, etc.)	Percentage of Patients. In Royal, District, and Parochial Asylums, and Training Schools for Imbecile Children.	Percentage of Patients. In Licensed Wards of Poor-houses with Restricted Licences.	Percentage of Patients. In Private Dwellings.
	s. d.	*s. d.*	*s. d.*	*s. d.*			
1. Aberdeen	1 7¼	0 11½	0 11¼	1 6¼	82·5	5·9	11·6
2. Argyll	1 4¼	1 3½	1 0	1 4	83·4	..	16·6
3. Ayr	1 5½	1 1½	1 0½	1 4½	75·7	13·9	10·4
4. Banff	1 2¼	..	0 10½	1 1¾	71·5	..	28·5
5. Berwick	1 8½	..	0 11¼	1 6¾	75·5	..	24·5
6. Bute	1 4	..	1 0¼	1 4¼	84·3	..	15·7
7. Caithness	1 9	1 2½	0 10¼	1 5½	59·1	0·6	40·3
8. Clackmannan	1 5½	1 4	1 1½	1 5¼	79·8	1·0	19·2
9. Dumbarton	1 5½	1 3¾	1 2½	1 5¼	70·4	15·4	14·2
10. Dumfries	1 3¾	..	1 0½	1 3¾	91·1	..	8·9
11. Elgin	1 5¾	..	0 11¼	1 4½	75·6	..	24·4
12. Fife	1 5¼	..	1 1	1 5	85·8	..	14·2
13. Forfar	1 7¾	1 7	1 1½	1 7	75·9	8·7	15·4
14. Haddington	1 7¾	1 0¼	0 11	1 7	83·4	6·3	10·3
15. Inverness	1 6½	1 5½	0 9¾	1 3¾	53·5	5·3	41·2
16. Kincardine	1 9	1 2¼	1 0¾	1 8	78·3	14·7	7·0
17. Kinross	1 4¾	..	0 11¾	1 5¼	96·8	..	3·2
18. Kirkcudbright	1 3½	..	0 10¾	1 3½	89·9	..	10·1
19. Lanark	1 5	1 2¼	1 1¼	1 4½	78·6	5·1	16·3
20. Linlithgow	1 5½	1 4½	1 1	1 5¼	71·0	15·1	13·9
21. Midlothian	1 7¼	1 3	1 2¼	1 6¾	80·1	1·3	18·6
22. Nairn	1 6¼	..	0 9¾	1 4½	75·0	..	25·0
23. Orkney	1 10¼	..	0 9¾	1 7¾	72·9	..	27·1
24. Peebles	1 5¼	..	0 9¼	1 6	98·0	..	2·0
25. Perth	1 5¾	1 4	1 1	1 5¾	79·0	7·0	14·0
26. Renfrew	1 6¾	1 4¼	1 2¾	1 6½	79·6	10·2	10·2
27. Ross	1 6¼	1 1¾	0 9¼	1 3	53·1	4·5	42·4
28. Roxburgh	1 8½	..	1 0½	1 8¼	87·3	..	12·7
29. Selkirk	1 8¼	..	1 0¼	1 8	91·3	..	8·7
30. Shetland	1 9¼	..	0 8¼	1 5¾	65·1	..	34·9
31. Stirling	1 5½	1 5¼	1 1	1 5¼	77·2	3·2	19·6
32. Sutherland	1 6¼	..	0 9½	1 3¾	59·5	..	40·5
33. Wigtown	1 3¾	1 2	0 10¼	1 3	59·0	17·6	23·4
General Averages	1 6	1 3	1 0¼	1 5¼	77·1	5·2	17·7

APPENDIX A.—TABLE XXVI.

Present Rates of Board per annum in Royal and District Asylums and in Training Schools, and the estimated Annual Cost of Patients in Parochial Asylums and Poorhouses.

ROYAL OR CHARTERED ASYLUMS.	Rates for Pauper Patients.						Minimum Rates for Private Patients.*					
	From the District.			From beyond the District.			Special or District Rate.			General Rate.		
	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.
Aberdeen Royal Asylum	32	0	0	34	0	0	30	0	0	40	0	0
Crichton " "	24	0	0		..		26	0	0	36	0	0
Dundee " "		..			..		25	0	0	60	0	0
Edinburgh " "	34	10	0	34	10	0		..		32	10	0
Glasgow " "		..			..		26	0	0	40	0	0
Montrose " "	32	0	0	34	0	0	25	0	0	42	0	0
Murray's " "		..			..		52	0	0	84	0	0
DISTRICT ASYLUMS.												
Aberdeen District Asylum	29	10	0		..			..			..	
Argyll and Bute District Asylum	23	8	0		..		27	6	0		..	
Ayr " "	26	0	0		..		26	0	0	32	10	0
Banff " "	21	5	10		..			..		27	7	6
Dundee " "	26	0	0	32	10	0		..			..	
Edinburgh " "	29	0	0		..			..		34	10	0
Elgin " "	28	0	0	35	0	0	31	0	0	36	0	0
Fife " "	28	0	0		..		36	0	0		..	
Glasgow District Asylum (Gartloch)	31	4	0		..			..			..	
Glasgow " " (Woodilee)	28	12	0		..			..			..	
Govan " "	27	19	0		..			..		32	0	0
Haddington " "	30	0	0	32	0	0	30	0	0	37	0	0
Inverness " "	27	0	0		..		30	0	0	40	0	0
Kirklands Asylum, Bothwell	28	12	0	32	1	4		..			..	
Lanark District Asylum	22	15	0	32	0	0		..		32	0	0
Midlothian " "	28	0	0		..		34	0	0	42	0	0
Paisley " "	29	5	0		..			..		32	10	0
Perth " "	27	0	0		..			..		34	0	0
Renfrew " "	29	13	2		..			..			..	
Roxburgh " "	31	0	0		..		31	0	0	40	0	0
Stirling " "	26	10	0		..			..		35	0	0

PAROCHIAL ASYLUM.	†Estimated Annual Cost of Patients belonging to Parish or Combination.			Rates charged for Boarders from other Parishes.		
	£	s.	d.	£	s.	d.
Greenock Parochial Asylum	34	14	5	32	10	0

LUNATIC WARDS OF POORHOUSES.	†Estimated Annual Cost of Patients belonging to Parish or Combination.			Rates charged for Boarders from other Parishes.			LUNATIC WARDS OF POORHOUSES—*continued.*	†Estimated Annual Cost of Patients belonging to Parish or Combination.			Rates charged for Boarders from other Parishes.		
	£	s.	d.	£	s.	d.		£	s.	d.	£	s.	d.
Buchan	17	3	5		..		Lewis	31	9	5		..	
Cuninghame	21	3	7		..		Linlithgow	24	19	5	24	5	4
Dumbarton	26	4	4		..		Long Island	28	16	4	20	16	0
Dundee, East	27	13	7		..		Old Monkland	21	13	4	23	2	0
Govan	25	15	8		..		Paisley	28	1	2	32	10	0
Inveresk	24	10	9		..		Perth	27	13	7	22	2	0
Kincardine	20	15	0	22	0	0	Wigtown	20	16	0	23	8	0

TRAINING SCHOOLS FOR IMBECILE CHILDREN.	Rates charged for Pauper Patients.			Minimum Rate for Private Patients.		
	£	s.	d.	£	s.	d.
Baldovan	28	0	0	28	0	0
Larbert	32	0	0	42	0	0

* Most, if not all, of the Royal Asylums receive special cases at lower rates.

† The rent is taken as the proportion allocated to the lunatic wards of the gross rental in the valuation roll for the year, divided by the number of inmates for which the wards are licensed.

APPENDIX A.—TABLE XXVII.

The Expenditure of District Lunacy Boards during the Financial Year 1912–1913 in Providing, Building, Repairing, and Fitting up and Furnishing District Asylums; and the amount of Monies Borrowed and Assessed for by District Lunacy Boards under the provisions of the Act 20 & 21 Vict. c. 71.

DISTRICT ASYLUMS.	Providing Expenditure from 15th May 1912 to 15th May 1913.											Amount of Monies Borrowed remaining due at 15th May 1913.	Assessments for Lunacy purposes on the Landward parts of Counties and Burghs of each District in the year to 15th May 1913.	Amount of Assessment raised for, or applied to, Reduction of Debt.	
	Land.														
	Purchase of Land other than Feued Lands.	* Rent or Feu-duty of Asylum Grounds.	Total.	Buildings, Improvements, Alterations and Additions.	Expenditure on Farm (Erection of Buildings and Improvements).	† Furniture and Furnishings.	Miscellaneous Expenses.	Interests on Monies borrowed.	Total Expenditure under Heads 1 to 8.	‡ Deduct proportion payable to the Providing Account of Profit on keeping Private Patients, Rent of Lands, &c.	Net Providing Expenditure excluding Instalments of Loans Repaid (see Column 14).				
	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	
	£	£	£	£	£	£	£	£	£	£	£	£	£	£	
1. Aberdeen	..	77	77	845	932	113	849	3,368	6,184	279	5,905	97,241	9,440	1,467	1
2. Argyll§	..	227	227	683	87	45	630	256	2,019	138	1,820	6,292	2,830	1,276	2
Bute§	..	..	..	..	..	..	60	31		61		658	480	168	
3. Ayr	..	155	155	748	..	76	510	1,581	3,070	100	2,970	45,260	5,000	1,800	3
4. Banff	..	29	29	284	..	54	91	278	736	17	719	7,700	1,183	367	4
5. Dundee	..	712	712	1,500	..	..	585	2,733	5,530	1,140	4,390	80,716	8,226	2,468	5
6. Edinburgh	47	88	135	4,954	622	326	5,201	9,733	20,971	800	20,171	280,563	29,200	11,690	6
7. Elgin	..	32	32	88	..	17	73	157	367	98	269	3,615	850	489	7
8. Fife	..	..	..	2,555	20	32	857	1,305	4,769	595	4,174	35,433	4,700	2,150	8
9. Glasgow (Gartloch)	..	18	18	3,832	..	..	1,632	4,861	10,343	467	9,876	136,315	18,000	24,098	9
10. ,, (Woodilee)	..	144	144	3,586	..	..	2,273	2,972	8,975	2,624	6,351	85,085	20,000		10
11. Govan	..	8	8	4,610	..	115	1,093	5,111	10,937	780	10,157	139,947	17,875	9,890	11
12. Haddington	..	18	18	92	..	24	137	560	831	140	691	16,440	1,620	826	12
13. Inverness	..	406	406	781	158	127	637	1,884	3,993	605	3,388	58,109	6,550	3,100	13
14. Kirklands	..	64	64	1,226	8	449	213	..	1,960	21	1,939	..	1,025	..	14
15. Lanark	..	110	110	4,081	124	70	893	3,908	9,186	991	8,195	115,881	18,000	12,371	15
16. Midlothian	..	182	182	593	190	85	538	1,715	3,303	349	2,954	57,431	5,250	2,530	16
17. Paisley	..	34	34	3,408	..	261	203	236	4,142	68	4,074	7,817	2,370	433	17
18. Perth	..	15	15	1,509	..	4	196	578	2,302	96	2,206	18,313	2,500	1,160	18
19. Renfrew	..	18	18	668	813	44	1,017	4,525	7,085	939	6,146	143,500	11,000	3,900	19
20. Roxburgh	..	1	1	607	..	146	631	2,498	3,883	95	3,788	72,282	7,300	3,100	20
21. Stirling	..	211	211	3,244	1,013	61	872	1,754	7,155	280	6,875	53,276	8,750	3,315	21
Totals.	47	2,549	2,596	39,894	3,967	2,049	19,191	50,044	117,741	10,683	107,058	1,461,874	182,149	86,598	

* Rents or feu-duties of farmlands proper form a part of the Maintenance Expenditure, and appear in Table XXXI., showing the receipts and expenses of Asylum farms.

† Under this heading appears such expenditure as is needed for the complete equipment of the Asylum and additions to it, and for articles rendered necessary by increase of population. The Current Expenditure under this heading is given in the Table following.

‡ The profit from private patients is divided equally between the Providing and Maintenance Accounts.

§ The Counties of Argyll and Bute, although served by one District Asylum, have separate District Lunacy Boards. The expenditure stated for Argyll Asylum under heads 1 to 6 inclusive is the combined expenditure of the two Boards; the transactions of each Board under other heads are, however, shown separately.

APPENDIX A.—

The Expenditure of District Boards of Lunacy on the

during the Financial

ASYLUMS.	Average Number of Patients Resident during the Financial Year.	MAINTENANCE EXPENDITURE FROM 1. Butcher Meat, Fresh, Cured, and Tinned; Condensed Preparations of Meat, Poultry, and Game.				2. Fish Fresh and Cured.			3. Milk.			
		Total.	Per Patient.			Total.	Per Patient.		Total.	Per Patient.		
		£	£	*s.*	*d.*	£	*s.*	*d.*	£	£	*s.*	*d.*
1. Aberdeen .	459	1,210	2	12	9	152	6	7	748	1	12	7
2. Argyll . .	459	1,312	2	17	2	232	10	1	1,016	2	4	3
3. Ayr . .	551	1,552	2	16	4	184	6	8	719	1	6	1
4. Banff . .	173	405	2	6	10	43	5	0	280	1	12	4
5. Dundee .	425	1,225	2	17	8	129	6	1	579	1	7	3
6. Edinburgh .	818	2,624	3	4	2	283	6	11	1,553	1	18	0
7. Elgin . .	154	498	3	4	8	53	6	11	245	1	11	10
8. Fife . .	650	2,057	3	3	4	152	4	8	1,340	2	1	3
9. Glasgow (Gartloch) .	778	1,641	2	2	2	333	8	7	1,472	1	17	10
10. Glasgow (Woodilee) .	1125	3,395	3	0	4	535	9	6	2,079	1	17	0
11. Govan .	660	1,971	2	19	9	186	5	8	1,159	1	15	1
12. Haddington .	167	407	2	8	9	62	7	5	246	1	9	6
13. Inverness .	679	2,536	3	14	8	226	6	8	1,259	1	17	1
14. Kirklands .	219	475	2	3	5	84	7	8	376	1	14	4
15. Lanark .	964	2,117	2	3	11	451	9	4	1,948	2	0	5
16. Midlothian .	332	860	2	11	10	116	7	0	583	1	15	1
17. Paisley. .	194	465	2	7	11	60	6	2	413	2	2	7
18. Perth . .	373	1,115	2	19	9	102	5	6	593	1	11	10
19. Renfrew . .	311	639	2	1	1	193	12	5	617	1	19	8
20. Roxburgh .	314	1,111	3	10	9	108	6	11	733	2	6	8
21. Stirling .	767	2,223	2	18	0	196	5	1	1,284	1	13	6
Totals & Averages	10572	29,838	2	16	5	3880	7	4	19,242	1	16	5

General Notes.—(*a*) The expenses detailed in this Table relate solely to buildings, furnishings, &c., payable out of the
(*b*) Fractions of 1d. which are under ½d. have been

Table XXVIII.

Maintenance and Management of Pauper Lunatics

Year 1912–1913.

15th MAY 1912 TO 15th MAY 1913.

4. Butter, Suet, Lard, Eggs, and Cheese.				5. Bread, Flour, Meal, Barley, Pease, Rice, etc.				6. Potatoes, Green Vegetables, Turnips, etc.				7. Sugar.			8. Treacle.			
Total.	Per Patient.			Total.	Per Patient.			Total.	Per Patient.			Total.	Per Patient.		Total.	Per Patient.		
£	£	*s.*	*d.*	£	£	*s.*	*d.*	£	£	*s.*	*d.*	£	*s.*	*d.*	£	*s.*	*d.*	
449	0	19	7	1,482	3	4	7	163	0	7	1	148	6	5	27	1	2	1
577	1	5	2	942	2	1	1	319	0	13	11	161	7	0	2	0	1	2
640	1	3	3	1,606	2	18	4	520	0	18	10	178	6	6	23	0	10	3
144	0	16	8	546	3	3	1	147	0	17	0	75	8	8	..	..		4
596	1	8	1	1,120	2	12	8	331	0	15	7	163	7	8	3	0	2	5
1,167	1	8	6	1,814	2	4	4	579	0	14	2	394	9	8	11	0	3	6
213	1	7	8	360	2	6	9	101	0	13	1	82	10	8	6	0	9	7
890	1	7	5	1,512	2	6	6	564	0	17	4	198	6	1	9	0	3	8
1,076	1	7	8	1,953	2	10	2	517	0	13	3	315	8	1	19	0	6	9
1,765	1	11	5	2,717	2	8	4	741	0	13	2	488	8	8	28	0	6	10
883	1	6	9	1,522	2	6	1	663	1	0	1	259	7	10	2	0	1	11
246	1	9	6	530	3	3	6	183	1	1	11	71	8	6	1	0	1	12
1,110	1	12	8	1,806	2	13	2	563	0	16	7	287	8	5	8	0	3	13
237	1	1	8	479	2	3	9	210	0	19	2	62	5	8	3	0	3	14
937	0	19	5	1,997	2	1	5	619	0	12	10	394	8	2	..	..		15
605	1	16	5	944	2	16	10	295	0	17	9	119	7	2	6	0	4	16
316	1	12	7	527	2	14	4	106	0	10	11	50	5	2	7	0	9	17
431	1	3	1	1,118	2	19	11	297	0	15	11	157	8	5	..	..		18
402	1	5	10	867	2	15	9	203	0	13	1	127	8	2	7	0	5	19
399	1	5	5	1,051	3	6	11	274	0	17	5	128	8	2	3	0	2	20
977	1	5	6	1,808	2	7	2	523	0	13	8	329	8	7	8	0	3	21
14,060	1	6	7	26,701	2	10	6	7918	0	15	0	4185	7	11	173	0	4	

those payable out of the Poor Rate. The expenses in connection with land, County Assessments, are given in the Table preceding.
omitted, and all fractions above ½d. have been reckoned as 1d.

APPENDIX A.—

The Expenditure of District Boards of Lunacy on the
during the Financial

ASYLUMS.	MAINTENANCE EXPENDITURE FROM											
	9. Tea and Coffee.			10. Wines, Spirits, and Malt Liquors.			11. Fresh and Dry Fruits, and Minor Articles of Food.			12. Tobacco.		
	Total.	Per patient.		Total.	Per Patient.		Total.	Per Patient.		Total.	Per Male Patient.	
	£	*s.*	*d.*	£	*s.*	*d.*	£	*s.*	*d.*	£	*s.*	*d.*
1. Aberdeen .	156	6	10	20	0	10	83	3	7	115	9	4
2. Argyll . .	180	7	10	1	0	1	81	3	6	122	10	7
3. Ayr . .	211	7	8	11	0	5	81	2	11	185	12	9
4. Banff . .	83	9	7	24	2	9	59	6	10	49	11	3
5. Dundee .	182	8	7	4	0	2	181	8	6	128	12	10
6. Edinburgh .	381	9	4	20	0	6	336	8	3	209	10	9
7. Elgin . .	100	13	0	38	4	11	93	12	1	63	18	6
8. Fife . .	181	5	7	11	0	4	306	9	5	174	11	2
9. Glasgow (Gartloch) .	340	8	9	11	0	3	224	5	9	198	9	8
10. Glasgow (Woodilee) .	619	11	0	73	1	4	351	6	3	324	11	2
11. Govan .	260	7	11	33	1	0	260	7	11	250	14	6
12. Haddington .	103	12	4	22	2	8	67	8	0	65	17	10
13. Inverness .	353	10	5	43	1	3	185	5	5	243	13	11
14. Kirklands .	100	9	2	31	2	10	100	9	2	71	11	11
15. Lanark .	433	9	0	78	1	7	316	6	7	226	9	0
16. Midlothian .	127	7	8	46	2	9	96	5	9	70	8	6
17. Paisley .	73	7	6	23	2	4	48	4	11	50	11	0
18. Perth . .	144	7	9	25	1	4	95	5	1	90	9	6
19. Renfrew .	183	11	9	4	0	3	114	7	4	88	11	6
20. Roxburgh .	162	10	4	4	0	3	91	5	10	97	12	2
21. Stirling .	358	9	4	15	0	5	236	6	2	279	12	11
Totals & Averages	4729	8	11	537	1	0	3403	6	5	3096	11	6

General Notes.—(*a*) The expenses detailed in this Table relate solely
buildings, furnishings, &c., payable out of the
(*b*) Fractions of 1d. which are under ½d. have been

TABLE XXVIII.—(*continued*).

Maintenance and Management of Pauper Lunatics

Year 1912–1913.

15TH MAY 1912 TO 15TH MAY 1913.

13. Household Requisites.			14. Laundry Requisites.			15. Clothing, Boots and Shoes.				16. Medicines and Surgical Appliances.			17. Fuel, Light, and Water.				
Total.	Per Patient.		Total.	Per Patient.		Total.	Per Patient.			Total.	Per Patient.		Total.	Per Patient.			
£	*s.*	*d.*	£	*s.*	*d.*	£	£	*s.*	*d.*	£	*s.*	*d.*	£	£	*s.*	*d.*	
105	4	7	136	5	11	854	1	17	3	109	4	9	2,525	5	10	0	1
68	3	0	97	4	3	647	1	8	2	78	3	5	1,285	2	16	0	2
71	2	7	223	8	1	786	1	8	6	121	4	5	1,838	3	6	9	3
13	1	6	57	6	7	240	1	7	9	23	2	8	669	3	17	4	4
158	7	5	92	4	4	586	1	7	7	152	7	2	1,875	4	8	3	5
314	7	8	215	5	3	1,184	1	8	11	206	5	0	2,620	3	4	1	6
49	6	4	48	6	3	278	1	16	1	53	6	11	553	3	11	10	7
373	11	6	413	12	9	1,361	2	1	11	139	4	3	1,982	3	1	0	8
252	6	6	230	5	11	1,172	1	10	2	324	8	4	3,072	3	19	0	9
227	4	0	291	5	2	2,091	1	17	2	614	10	11	3,424	3	0	10	10
261	7	11	158	4	9	1,281	1	18	10	237	7	2	2,541	3	17	0	11
51	6	1	49	5	10	334	2	0	0	29	3	6	676	4	0	11	12
179	5	3	160	4	9	1,208	1	15	7	74	2	2	2,260	3	6	7	13
60	5	6	46	4	2	349	1	11	10	140	12	9	704	3	4	4	14
219	4	7	178	3	8	1,572	1	12	7	274	5	8	2,575	2	13	5	15
63	3	10	165	9	11	485	1	9	3	74	4	5	1,059	3	3	10	16
80	8	3	69	7	1	245	1	5	3	95	9	10	625	3	4	5	17
102	5	6	337	18	1	487	1	6	1	69	3	8	1,310	3	10	3	18
112	7	2	111	7	2	447	1	8	9	76	4	11	1,663	5	6	11	19
93	5	11	102	6	6	530	1	13	9	80	5	1	1,432	4	11	3	20
177	4	7	247	6	5	1,147	1	9	11	167	4	4	2,256	2	18	10	21
3027	5	9	3424	6	6	17,284	1	12	8	3134	5	11	36,944	3	9	11	

to those payable out of the Poor Rate. The expenses in connection with land, County Assessments, are given in the Table preceding.
omitted, and all fractions above ½d. have been reckoned as 1d.

APPENDIX A.—

The Expenditure of District Boards of Lunacy on the
during the Financial

ASYLUMS.	MAINTENANCE EXPENDITURE FROM 18. Salaries and Wages. Of Officers. Total.	Of Officers. Per Patient.	Of Attendants and Servants. Total.	Of Attendants and Servants. Per Patient.	Of Artizans. Total.	Of Artizans. Per Patient.	Total of Salaries and Wages. Total.	Total of Salaries and Wages. Per Patient.
	£	£ s. d.	£	£ s. d.	£	s. d.	£	£ s. d.
1. Aberdeen .	1,179	2 11 4	2,044	4 9 1	178	7 9	†3,453	7 10 5
2. Argyll . .	1,176	2 11 3	1,788	3 17 11	227	9 10	3,191	6 19 0
3. Ayr . .	1,934	3 10 2	2,416	4 7 8	598	21 9	4,948	8 19 7
4. Banff . .	385	2 4 6	638	3 13 9	50	5 10	1,073	6 4 1
5. Dundee .	1,416	3 6 7	1,820	4 5 8	299	14 1	3,535	8 6 4
6. Edinburgh .	2,275	2 15 8	4,285	5 4 9	484	11 10	7,044	8 12 3
7. Elgin . .	434	2 16 4	701	4 11 1	..	..	1,135	7 7 5
8. Fife . .	1,472	2 5 4	2,679	4 2 5	469	14 5	4,620	7 2 2
9. Glasgow (Gartloch) .	2,587	3 6 6	4,442	5 14 2	648	16 8	7,677	9 17 4
10. Glasgow (Woodilee) .	2,779	2 9 5	5,855	5 4 1	700	12 5	9.334	8 5 11
11. Govan .	1,693	2 11 4	4,200	6 7 3	113	3 5	6,006	9 2 0
12. Haddington .	413	2 9 6	509	3 0 11	142	17 0	1,064	6 7 5
13. Inverness .	1,757	2 11 9	3,002	4 8 5	376	11 1	5,135	7 11 3
14. Kirklands .	837	3 16 5	1.022	4 13 4	72	6 7	1,931	8 16 4
15. Lanark .	2,255	2 6 9	4,546	4 14 4	448	9 4	7,249	7 10 5
16. Midlothian .	1,217	3 13 3	1,415	4 5 3	221	13 4	‡2,891	8 14 2
17. Paisley .	798	4 2 3	831	4 5 8	..	..	1,629	8 7 11
18. Perth . .	1,233	3 6 2	1,449	3 17 8	412	22 1	3,094	8 5 11
19. Renfrew .	1,073	3 9 0	1,344	4 6 5	..	..	2,417	7 15 5
20. Roxburgh .	1,265	4 0 7	1,590	5 1 3	129	8 3	2,984	9 10 1
21. Stirling .	2,056	2 13 7	3,527	4 12 0	681	17 9	6,264	8 3 4
Totals & Averages	30,234	2 17 2	50,103	4 14 9	6247	11 10	86,674	8 4 0

General Notes.—(*a*) The expenses detailed in this Table relate solely [illegible] buildings, furnishings, &c., payable out of the
[illegible] (*b*) Fractions of 1d. which are under a ½d. have been
* The Cost of Furniture and furnishings included in this Table refers only to [illegible] of furniture and furnishings required for original build-
† Includes £52 being amount of Employer's Contribution
‡ ,, £38 ,, ,,

TABLE XXVIII.—(*continued*).

Maintenance and Management of Pauper Lunatics

Year 1912–1913.

15TH MAY 1912 TO 15TH MAY 1913.

19. Fees, Taxes, Amusements, Funeral Expenses, Carriage of Articles, Conveyance, and Incidental Expenses.				20. Furniture and Furnishings.				21. Total Maintenance Expenses.				22. Deduct or add, as the case may be, profit or loss on Farm and Garden, profit from keeping Private Patients, receipts for work done by Patients or Attendants other than for Asylums, etc.	23. Net Maintenance Expenses.				
Total.	Per Patient.			Total.	Per Patient.			Total.	Per Patient.				Total.	Per Patient.			
£	£	*s.*	*d.*	£	£	*s.*	*d.*	£	£	*s.*	*d.*	£	£	£	*s.*	*d.*	
723	1	11	6	496	1	1	7	13,154	28	13	2	– 369	12,785	27	17	1	1
530	1	3	1	452	0	19	8	11,293	24	12	1	– 27	11,266	24	10	11	2
814	1	9	7	362	0	13	2	15,073	27	7	1	– 357	14,716	26	14	2	3
183	1	1	2	77	0	8	11	4,190	24	4	5	– 551	3,639	21	0	8	4
782	1	16	10	712	1	13	6	12,533	29	9	9	– 598	11,935	28	1	8	5
1,922	2	7	0	866	1	1	2	23,742	29	0	6	– 1,133	22,609	27	12	9	6
152	0	19	9	111	0	14	5	4,231	27	9	6	– 207	4,024	26	2	7	7
1,327	2	0	10	1,001	1	10	10	18,610	28	12	7	– 1,129	17,481	26	17	11	8
1,463	1	17	7	959	1	4	8	23,248	29	17	8	+ 288	23,536	30	5	0	9
1,341	1	3	10	1,741	1	10	11	32,178	28	12	1	– 561	31,617	28	2	1	10
1,340	2	0	7	598	0	18	1	19,870	30	2	1	– 1,002	18,868	28	11	9	11
315	1	17	9	403	2	8	3	4,924	29	9	8	– 510	4,414	26	8	7	12
900	1	6	6	765	1	2	6	19,300	28	8	6	– 970	18,330	26	19	11	13
436	1	19	10	234	1	1	4	6,128	27	19	8	– 150	5,978	27	5	11	14
1,094	1	2	8	1,044	1	1	8	23,721	24	12	2	– 1,206	22,515	23	7	1	15
800	2	8	2	452	1	7	3	9,856	29	13	9	– 519	9,337	28	2	6	16
357	1	16	10	288	1	9	8	5,526	28	9	8	– 326	5,200	26	16	1	17
622	1	13	4	431	1	3	1	10,619	28	9	5	– 653	9,966	26	14	4	18
631	2	0	7	183	0	11	9	9,084	29	4	2	+ 10	9,094	29	4	10	19
601	1	18	3	472	1	10	1	10,455	33	5	11	– 400	10,055	32	0	5	20
1,368	1	15	8	719	0	18	9	20,581	26	16	8	– 507	20,074	26	3	5	21
17,701	1	13	6	12,366	1	3	5	298,316	28	4	4	– 10,877	287,439	27	3	9	

to those payable out of the Poor Rate. The expenses in connection with land,
County Assessments, are given in the Table preceding.
omitted, and all fractions above ½d. have been reckoned as 1d.
the replacement or repair of what has been worn out or destroyed. The cost
ings or additions is given in the Table preceding.
under National Health Insurance Act.

" "

APPENDIX A.—

The Quantity per Inmate of the various Articles of Dietary and of

Year 1912–1913, and the

ASYLUMS.	Average Number of Inmates.			1. Fresh Butcher Meat.		2. Cured Butcher Meat.		3. Tinned Butcher Meat.	
	Patients.	Officers and Servants Boarded.	Total.	Quantity per Inmate.	Price per cwt.	Quantity per Inmate.	Price per cwt.	Quantity per Inmate.	Price per cwt.
				lbs.	£ s. d.	lbs.	£ s. d.	lbs.	£ s. d.
1. Aberdeen	459	79	538	84	2 11 11	7	2 1 5	4	2 13 10
2. Argyll	459	59	518	79	3 0 8	4	4 1 0	11	2 5 3
3. Ayr	551	99	650	78	2 13 3	*	..	21	2 14 4
4. Banff	173	24	197	81	2 12 4	2	5 6 6	..	..
5. Dundee	425	74	499	89	2 12 10	3	4 0 10	9	2 10 8
6. Edinburgh	818	156	974	123	2 5 7	3	4 17 8	1	2 15 8
7. Elgin	154	30	184	90	3 4 9	1	5 9 2	..	..
8. Fife	650	101	751	74	3 10 7	*	..	18	2 9 4
9. Glasgow (Gartloch)	778	137	915	80	1 17 7	3	3 11 8	14	2 9 4
10. Glasgow (Woodilee)	1,125	180	1,305	87	2 14 0	4	3 17 5	14	2 11 5
11. Govan	660	109	769	109	2 7 11	7	3 8 1	..	..
12. Haddington	167	28	195	78	2 16 0	3	2 16 0	..	..
13. Inverness	679	115	794	131	2 12 1	3	4 10 2	*	..
14. Kirklands	219	26	245	68	2 9 7	1	5 19 3	17	2 7 5
15. Lanark	964	158	1,122	85	2 3 8	2	4 7 11	3	3 0 4
16. Midlothian	332	52	384	88	2 9 4	*	..	9	3 10 10
17. Paisley	194	34	228	78	2 16 3	1	4 10 5	*	..
18. Perth	373	63	436	105	2 10 0	5	3 15 10	2	2 13 3
19. Renfrew	311	47	358	68	2 4 11	4	4 4 5	9	2 12 6
20. Roxburgh	314	54	368	96	2 17 4	4	4 6 9	16	2 12 0
21. Stirling	767	116	883	131	2 1 2	..	..	4	2 9 10
Totals & Averages	10,572	1,741	12,313	91	2 12 0	3	4 3 10	10	2 13 1

* In the cases marked thus, the article also formed part of the asylum dietary, but the

Table XXIX.

Tobacco and Fuel, supplied to each District Asylum, during the Financial

Price of each Article supplied.

4. Poultry and Game.				5. Fresh Fish.				6. Cured Fish.				7. Unskimmed Milk.				8. Skimmed Milk.				9. Butter.				
Quantity per Inmate.	Price per cwt.			Quantity per Inmate.	Price per cwt.			Quantity per Inmate.	Price per cwt.			Quantity per Inmate.	Price per gal.			Quantity per Inmate.	Price per gal.			Quantity per Inmate.	Price per cwt.			
lbs.	£	s.	d.	lbs.	£	s.	d.	lbs.	£	s.	d.	gal.	£	s.	d.	gal.	£	s.	d.	lbs.	£	s.	d.	
2	2	8	5	26	1	3	1	3	0	15	3	41	0	0	8	..		..		18	3	15	2	1
*		..		16	0	8	7	34	1	5	6	47	0	0	10	..		..		17	3	16	5	2
*		..		28	1	1	2	2	1	5	6	34	0	0	8	..		..		22	3	4	0	3
4	2	1	8	43	0	11	4	..		..		37	0	0	9	3	0	0	4	14	3	15	4	4
1	6	0	11	31	0	13	9	7	1	1	6	32	0	0	9	..		..		23	3	7	3	5
1	2	13	5	32	0	15	2	8	1	2	1	35	0	0	11	..		..		21	3	15	0	6
2	2	16	0	19	1	14	8	..		..		36	0	0	9	..		..		11	6	4	9	7
1	3	10	11	14	0	18	1	8	1	4	3	39	0	0	11	..		..		12	4	8	7	8
1	3	2	11	26	0	16	11	14	1	7	1	44	0	0	9	1	0	0	2	24	3	11	5	9
1	3	4	7	34	0	18	3	13	1	3	10	42	0	0	9	..		..		22	3	16	11	10
1	5	1	2	30	0	17	0	2	1	2	8	40	0	0	9	..		..		24	3	11	7	11
3	1	13	4	27	1	6	0	..		..		30	0	0	10	..		..		15	6	10	8	12
*		..		35	0	14	10	7	0	17	2	48	0	0	8	..		..		25	4	6	6	13
*		..		28	0	16	1	13	1	4	10	39	0	0	9	*		..		17	2	13	9	14
*		..		21	1	3	7	21	0	19	7	46	0	0	9	*		..		19	3	10	0	15
*		..		21	0	18	1	11	1	6	7	36	0	0	10	*		..		18	4	9	1	16
*		..		15	1	6	0	8	1	6	5	44	0	0	10	..		..		15	5	8	6	17
1	2	3	10	21	0	10	6	20	0	15	4	34	0	0	10	..		..		18	3	8	9	18
2	2	17	8	41	1	0	6	13	1	8	6	45	0	0	9	*		..		21	3	14	5	19
*		..		31	0	16	9	4	1	12	5	46	0	0	10	..		..		20	4	2	9	20
1	3	8	4	35	0	13	4	1	1	9	9	36	0	0	10	*		..		24	3	4	4	21
2	3	3	4	27	0	18	3	11	1	3	10	40	0	0	9	2	0	0	3	19	4	0	9	

quantity used was below 1 lb. per inmate during the year.

APPENDIX A.—

The Quantity per Inmate of the various Articles of Dietary and of
Year 1912–1913, and the

ASYLUMS.	10. Suet, Lard, etc.		11. Eggs.		12. Cheese.		13. Bread.	
	Quantity per Inmate.	Price per cwt.	Quantity per Inmate.	Price per cwt.	Quantity per Inmate.	Price per cwt.	Quantity per Inmate.	Price per cwt.
	lbs.	£ s. d.	lbs.	£ s. d.	lbs.	£ s. d.	lbs.	£ s. d.
1. Aberdeen	1	2 10 10	4	3 4 2	4	3 3 6	409	0 12 0
2. Argyll	4	2 2 8	5	5 4 5	10	2 11 2	13	0 13 6
3. Ayr	2	2 0 11	4	4 5 6	6	3 7 7	244	0 9 11
4. Banff	2	2 6 8	6	2 15 11	6	1 7 0	400	0 11 6
5. Dundee	3	2 8 2	5	3 4 8	10	3 4 10	386	0 10 0
6. Edinburgh	2	1 18 11	8	4 8 9	5	3 6 4	..	..
7. Elgin	7	1 18 11	6	3 12 0	11	2 11 3	327	0 9 9
8. Fife	5	3 4 1	5	4 18 9	13	2 15 0	..	..
9. Glasgow (Gartloch)	..	..	5	4 13 10	8	3 0 5	351	0 10 6
10. Glasgow (Woodilee)	1	2 10 10	12	4 0 3	5	2 16 10	89	0 10 4
11. Govan	3	2 7 0	6	3 16 1	3	3 8 0	17	0 10 2
12. Haddington	5	1 8 0	8	4 5 6	1	4 5 1	318	0 14 0
13. Inverness	3	3 1 0	4	3 17 6	7	3 9 9	333	0 10 8
14. Kirklands	2	1 19 1	10	3 18 5	6	3 0 9	313	0 10 2
15. Lanark	5	2 4 1	1	4 5 5	3	3 10 6	..	..
16. Midlothian	2	2 13 9	12	4 6 7	11	3 16 9	342	0 12 0
17. Paisley	3	1 12 8	13	3 12 9	8	3 6 4	330	0 11 0
18. Perth	1	2 1 9	7	3 9 5	7	2 18 5	346	0 11 6
19. Renfrew	..	..	7	4 7 8	5	3 6 2	359	0 11 1
20. Roxburgh	3	2 4 10	2	4 5 8	8	3 2 7	383	0 12 11
21. Stirling	2	1 15 8	5	3 17 11	7	2 19 0	*	..
Totals & Averages	3	2 4 9	6	4 0 6	7	3 2 3	†346 40	0 11 3

* In the cases marked thus, the article also formed part of the asylum dietary, but the

† These figures are the averages of the quantities of bread and flour used respectively it may be estimated that the quantity as given in col. 14 may be increased by a little the amount of flour used.

TABLE XXIX.—(*continued*).

Tobacco and Fuel, supplied to each District Asylum, during the Financial

Price of each Article supplied.

14. Flour.				15. Meal.				16. Barley.				17. Pease, etc.				18. Rice, etc.				19. Potatoes.				
Quantity per Inmate.	Price per cwt.			Quantity per Inmate.	Price per cwt.			Quantity per Inmate.	Price per cwt.			Quantity per Inmate.	Price per cwt.			Quantity per Inmate.	Price per cwt.			Quantity per Inmate.	Price per cwt.			
lbs.	£	s.	d.	lbs.	£	s.	d.	lbs.	£	s.	d.	lbs.	£	s.	d.	lbs.	£	s.	d.	lbs.	£	s.	d.	
8	0	12	1	50	0	11	7	12	0	10	3	24	0	12	0	11	0	15	8	187	0	2	6	1
192	0	14	2	60	0	12	9	12	0	11	0	8	0	10	7	14	0	13	7	276	0	3	0	2
178	0	11	4	48	0	13	7	5	0	11	2	18	0	11	3	12	0	13	10	207	0	4	3	3
16	0	12	1	64	0	12	2	11	0	12	0	26	0	13	9	10	0	14	2	374	0	3	4	4
15	0	12	4	54	0	9	7	13	0	10	4	18	0	11	2	8	0	15	5	281	0	2	7	5
259	0	11	11	45	0	12	8	5	0	9	0	14	0	15	3	16	0	14	4	243	0	3	5	6
21	0	12	8	49	0	12	5	13	0	11	1	7	0	10	4	7	0	11	10	222	0	3	0	7
263	0	12	2	68	0	12	6	13	0	9	8	10	0	11	4	14	0	14	4	299	0	3	6	8
11	0	10	11	44	0	13	11	5	0	10	9	12	0	12	1	12	0	13	3	270	0	3	0	9
241	0	10	10	43	0	13	6	8	0	10	11	19	0	12	2	15	0	15	2	301	0	3	4	10
268	0	11	10	47	0	13	3	5	0	10	4	15	0	11	7	17	0	13	11	302	0	3	1	11
17	0	12	6	63	0	15	1	20	0	8	7	11	0	15	5	7	0	18	5	209	0	4	3	12
13	0	11	11	60	0	13	1	14	0	11	1	12	0	13	2	18	0	15	0	311	0	2	10	13
12	0	13	11	54	0	12	10	5	0	12	2	13	0	12	10	7	0	14	3	211	0	3	10	14
232	0	11	11	50	0	13	8	6	0	11	3	24	0	11	10	11	0	16	10	273	0	3	6	15
9	0	11	7	64	0	13	2	8	0	10	0	18	0	11	3	11	0	16	1	274	0	4	0	16
19	0	11	11	63	0	13	0	10	0	10	6	21	0	12	7	8	0	15	7	163	0	5	3	17
19	0	11	9	63	0	14	3	14	0	10	6	29	0	12	9	7	0	16	1	204	0	2	2	18
21	0	11	9	55	0	13	1	5	0	12	3	21	0	13	3	9	0	15	5	250	0	3	7	19
12	0	12	11	60	0	14	5	10	0	11	5	12	0	11	1	12	0	14	10	219	0	3	5	20
301	0	11	1	49	0	12	3	17	0	10	0	23	0	11	1	12	0	14	7	192	0	2	7	21
†251	0	12	1	55	0	13	0	10	0	10	8	17	0	12	3	11	0	14	11	251	0	3	4	
27																								

quantity used was below 1 lb. per inmate during the year.

in asylums which do, and which do not, bake their own bread. For purposes of comparison less than 40 per cent. to show the weight of bread per inmate which would be produced from

APPENDIX A.—

The Quantity per Inmate of the various Articles of Dietary and of Year 1912–1913, and the

ASYLUMS.	20. Green Vegetables, Turnips, etc.		21. Fresh Fruits.		22. Dry Fruits.		23. Sugar.	
	Quantity per Inmate.	Price per cwt.	Quantity per Inmate.	Price per cwt.	Quantity per Inmate.	Price per cwt.	Quantity per Inmate.	Price per cwt.
	lbs.	£ s. d.	lbs.	£ s. d.	lbs.	£ s. d.	lbs.	£ s. d.
1. Aberdeen .	48	0 4 5	3	0 16 6	2	1 12 8	30	1 0 6
2. Argyll . .	103	0 5 3	3	1 0 10	3	1 13 10	37	0 18 9
3. Ayr . .	113	0 8 1	5	1 7 10	2	1 18 7	33	0 18 5
4. Banff . .	67	0 6 6	14	0 17 9	2	2 7 4	42	1 0 6
5. Dundee .	114	0 6 8	8	0 10 0	4	2 10 8	43	0 17 0
6. Edinburgh .	117	0 4 3	9	1 0 1	5	2 2 10	51	0 17 9
7. Elgin . .	106	0 5 4	15	0 15 7	3	1 19 11	52	0 19 3
8. Fife . .	123	0 5 1	2	1 2 10	5	1 16 11	28	1 1 6
9. Glasgow (Gartloch) .	83	0 5 4	7	0 14 6	3	1 13 9	42	0 18 6
10. Glasgow (Woodilee) .	78	0 3 7	7	1 0 0	3	1 13 2	46	0 18 4
11. Govan .	129	0 7 9	4	0 18 9	1	1 16 9	42	0 18 0
12. Haddington .	151	0 8 0	10	1 7 11	4	1 12 5	46	0 17 11
13. Inverness .	118	0 6 0	3	1 0 9	2	2 0 3	38	1 1 7
14. Kirklands .	193	0 5 9	8	1 7 5	3	1 15 1	32	0 17 8
15. Lanark .	106	0 4 7	14	0 15 3	3	1 17 9	46	0 17 3
16. Midlothian .	120	0 5 2	7	1 8 1	2	2 13 6	32	1 1 5
17. Paisley .	25	0 7 4	4	1 3 3	1	2 18 1	25	0 19 4
18. Perth . .	170	0 6 4	15	0 16 10	2	1 13 3	42	0 19 2
19. Renfrew .	100	0 3 8	19	0 11 5	4	1 16 5	40	0 19 8
20. Roxburgh .	189	0 4 10	7	1 5 3	2	2 1 0	40	0 19 6
21. Stirling .	192	0 4 4	7	1 1 5	3	1 15 10	44	0 19 0
Totals & Averages	116	0 5 8	8	1 0 1	3	1 19 6	40	0 19 1

* In the cases marked thus, the article also formed part of the asylum dietary, but the

TABLE XXIX.—(*continued*).

Tobacco and Fuel, supplied to each District Asylum, during the Financial
Price of each Article supplied.

24. Treacle.				25. Tea.				26. Wines and Spirits.				27. Malt Liquors.				28. Tobacco.				29. Fuel.				
Quantity per Inmate.	Price per cwt.			Quantity per Inmate.	Price per cwt.			Quantity per Inmate.	Price per gal.			Quantity per Inmate.	Price per gal.			Quantity per Male Patient.	Price per cwt.			Quantity per Inmate.	Price per ton.			
lbs.	£	s.	d.	lbs.	£	s.	d.	gills	£	s.	d.	pts.	£	s.	d.	oz.	£	s.	d.	cwt.	£	s.	d.	
7	0	17	3	5	6	8	10	1	0	19	0	1	0	2	2	37	22	7	9	90	0	18	10	1
1	0	8	3	6	6	8	2	*		..		..		..		43	21	17	3	54	0	15	7	2
6	0	13	0	4	6	10	8	1	0	18	11	..		..		50	22	14	11	107	0	8	10	3
*		..		6	7	4	11	3	1	0	1	5	0	1	2	45	22	2	11	49	1	0	3	4
1	0	16	5	5	7	0	0	*		..		..		..		55	20	14	9	85	0	13	3	5
1	1	1	5	6	7	0	0	*		..		1	0	2	0	45	21	4	2	45	0	14	2	6
4	0	17	3	8	7	11	11	2	1	0	10	29	0	0	9	72	22	14	8	37	1	4	5	7
2	0	14	2	4	6	15	11	*		..		*		..		42	23	10	9	75	0	13	3	8
3	0	16	0	6	7	0	0	*		..		..		..		35	24	12	9	90	0	10	9	9
3	0	16	2	7	7	0	1	2	0	19	10	..		..		46	21	15	7	67	0	12	10	10
*		..		5	7	9	4	1	0	19	11	*		..		61	21	8	2	80	0	11	4	11
2	0	9	4	6	10	5	4	3	0	17	0	8	0	0	10	72	21	18	3	101	0	11	9	12
1	1	3	0	6	7	9	4	2	0	13	3	3	0	1	2	53	23	12	3	60	0	19	0	13
1	0	19	10	6	6	19	5	3	1	0	6	2	0	1	9	49	22	0	2	79	0	12	3	14
..		..		6	7	6	2	1	1	1	2	4	0	2	0	36	22	3	8	92	0	9	4	15
2	1	0	9	4	7	0	1	4	0	14	10	3	0	1	4	35	22	0	8	93	0	11	5	16
5	0	13	3	5	7	9	4	5	0	13	9	..		..		44	22	12	7	68	0	12	4	17
..		..		5	7	4	8	*		..		14	0	0	7	39	21	18	1	69	0	15	1	18
2	0	19	5	6	8	5	9	*		..		..		..		48	21	15	0	114	0	12	1	19
2	0	8	7	7	6	18	5	*		..		..		..		45	24	5	4	119	0	13	1	20
2	0	10	1	5	7	9	4	*		..		*		..		53	21	14	2	62	0	10	5	21
3	0	15	6	6	7	5	7	2	0	18	3	7	0	1	5	48	22	6	10	78	0	13	10	

quantity used was below 1 lb. per inmate during the year.

APPENDIX A.—TABLE XXX.

Quantities and Estimated Values of Articles supplied to District Asylums from Asylum Farms and Gardens during the Financial Year 1912–1913, and the Prices at which the Produce supplied has been Estimated.

Farms and Gardens * of District Asylums.	Quantities and Estimated Values of Supplies to Asylums from Asylum Farms and Gardens.																Prices at which Produce supplied to Asylums has been Estimated.																						Farms and Gardens * of District Asylums.				
	Butcher Meat.		Poultry and Game.		Milk.		Butter.		Eggs.		Potatoes.		Green Vegetables.		Fresh Fruits.		Sundries.	Total Estimated Value.	Butcher Meat.			Poultry and Game.			Milk.			Butter.			Eggs.			Potatoes.			Green Vegetables.			Fresh Fruits.			
																			per cwt.			per cwt.			per gal.			per cwt.			per cwt.			per cwt.			per cwt.			per cwt.			
	cwt.	£	lbs.	£	gals.	£	lbs.	£	lbs.	£	cwt.	£	cwt.	£	lbs.	£	£	£	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	
1. Aberdeen	..	..	435	14	22256	748	..	..	1182	37	898	112	189	41	533	6	183	1141	..			3	12	10	0	0	8	..			3	10	10	2	6	0	4	4	1	5	3	1. Aberdeen.	
2. Argyll	147	575	122	4	24239	1010	..	..	380	12	1026	158	431	114	625	5	92	1970	3	18	3	3	13	5	0	0	10	..			3	10	9	0	3	1	0	5	3	0	17	11	2. Argyll.
3. Ayr	..	..	..	..	..	..	..	..	..	..	..	..	657	265	2417	33	..	298	..			..			..			..			..			..			0	8	1	1	10	7	3. Ayr.
4. Banff	..	..	873	16	7789	280	232	12	594	15	459	71	118	38	2279	18	24	474	..		2	1	1	0	0	9	5	15	10	2	16	7	0	3	1	0	6	5	0	17	8	4. Banff.	
5. Dundee	..	..	..	..	16162	579	..	..	..	..	1251	162	503	167	3801	13	41	962	..			..		0	0	9	..			..			0	2	7	0	6	8	0	7	8	5. Dundee.	
6. Edinburgh	195	657	784	19	34177	1553	..	..	656	27	1770	315	943	201	3265	45	451	3268	3	7	5	2	14	3	0	0	11	..			4	12	2	0	3	7	0	4	3	1	10	10	6. Edinburgh.
7. Elgin	..	..	335	8	6537	245	..	..	827	25	365	55	174	46	2068	10	..	389	..		2	13	6	0	0	9	..			3	7	9	0	3	0	0	5	3	0	10	10	7. Elgin.	
8. Fife	490	1721	..	..	29245	1340	..	..	..	..	2008	354	824	210	966	12	20	3657	3	10	3	..		0	0	0	11	..			..		0	3	6	0	5	1	1	7	10	8. Fife.	
9. Glasgow (Gartloch)	..	..	636	10	40823	1472	2885	168	2712	127	1084	167	543	148	978	10	575	2677	..		1	15	3	0	0	9	6	10	5	5	4	11	0	3	1	0	5	5	1	2	11	9. Glasgow (Gartloch).	
10. Glasgow (Woodilee)	909	2575	258	13	55431	2079	368	21	2458	102	2961	485	878	148	5201	54	294	5771	2	16	8	5	12	10	0	0	9	6	7	10	4	12	11	0	3	3	0	3	4	1	3	3	10. Glasgow (Woodilee).
11. Govan	..	..	193	6	31061	1159	312	21	2044	68	1091	173	841	330	1576	13	327	2097	..		3	9	8	0	0	9	7	10	9	3	14	6	0	3	2	0	7	10	0	18	6	11. Govan.	
12. Haddington	20	56	655	10	5915	246	..	..	1554	59	365	78	263	105	1307	19	111	684	2	16	0	1	14	2	0	0	10	..			4	5	1	0	4	3	0	8	0	1	12	7	12. Haddington.
13. Inverness	361	950	..	..	37765	1259	..	..	..	..	2206	313	837	249	635	5	60	2836	2	12	8	..		0	0	8	..			..		0	2	10	0	5	11	0	17	8	13. Inverness.		
14. Kirklands*	..	..	39	1	..	..	..	..	368	18	354	66	384	107	1033	14	28	234	..		2	17	5	..			..			5	9	7	0	3	9	0	5	7	1	10	4	14. Kirklands.*	
15. Lanark	2	6	145	6	52310	1948	1272	74	1082	42	191	30	972	223	4239	29	63	2421	3	0	0	4	12	8	0	0	9	6	10	4	4	6	11	0	3	2	0	4	7	0	15	4	15. Lanark.
16. Midlothian	..	..	36	1	13967	582	..	..	1001	42	940	188	403	102	2104	25	162	1102	..		3	2	3	0	0	10	..			4	14	0	0	4	0	0	5	1	1	6	7	16. Midlothian.	
17. Paisley	8	31	..	..	9918	413	..	..	..	..	315	84	45	17	..	..	5	550	2	17	6	..		0	0	10	..			..		0	5	4	0	7	7	..			17. Paisley.		
18. Perth	..	..	348	6	14975	593	..	..	184	6	796	86	662	210	5480	41	..	942	..		1	18	7	0	0	10	..			3	13	1	0	2	2	0	6	4	0	16	9	18. Perth.	
19. Renfrew	..	..	..	..	..	..	..	..	..	..	..	..	289	53	1300	2	..	55	..			..			..			..			..			..			0	3	8	0	3	5	19. Renfrew.
20. Roxburgh*	11	35	..	..	..	..	..	..	..	..	236	40	620	151	1591	20	..	246	3	3	8	..			..			..			..			0	3	5	0	4	10	1	8	2	20. Roxburgh.*
21. Stirling	227	635	196	6	..	..	..	..	1991	83	1516	194	1494	321	4421	48	53	1340	2	15	11	3	8	7	..			..			4	13	5	0	2	7	0	4	4	1	4	4	21. Stirling.
Totals and Averages	2370	7241	5055	120	402570	15506	5069	296	17033	663	19832	3131	12070	3246	45819	422	2489	33114	3	1	1	2	13	2	0	0	9	6	10	10	4	7	2	0	3	2	0	5	5	1	0	8	Totals and Averages.

* Those marked with an asterisk are Gardens only.

APPENDIX A.—Table XXXI.

Acreage of Farms attached to District Asylums; Receipts and Expenses of such Farms and Gardens during the Financial Year 1912–1913, and Profit shown on the year's transactions.

Farms and Gardens* of District Asylums.	Acreage of Farm and Garden.			Receipts.														Expenditure.											Profit + or Loss —	
	Arable or in Permanent Pasture.	Non-Arable.	Total.	1. Valuation of Stock at 15th May 1913.	2. Butcher Meat.	3. Poultry and Game.	4. Milk.	5. Butter and Cheese.	6. Eggs.	7. Potatoes.	8. Green Vegetables.	9. Fresh Fruits.	10. Grain.	11. Live Stock.	12. Wool, Hides, Skins.	13. Grazing, Cartage, and Sundries.	14. Total.	1. Valuation of Stock at 15th May 1912.	2. Rents.	3. Interest on unrepaid outlay from Providing Account of Stock and Implements.	4. Live Stock.	5. Implements and Harness.	6. Seeds and Plants.	7. Fodder, Grain, Roots, and Feeding Stuffs.	8. Manures.	9. Paid Labour.	10. Miscellaneous.	11. Total.		
				£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	
1. Aberdeen	247	46	293	1,603	..	14	774	..	37	112	41	6	93	1,141	24	218	4,063	1,503	186	64	875	82	82	377	83	299	162	3,713	+350	1
2. Argyll	39	22	61	1,234	575	4	1,019	..	12	158	114	5	1	309	63	180	3,674	1,386	55	64	639	3	41	1,215	1	221	101	3,726	−52	2
3. Ayr	80	12	92	196	..	..	..	..	..	..	265	33	..	558	..	72	1,124	192	100	..	209	24	32	82	7	149	5	800	+324	3
4. Banff	206	10	216	1,566	..	16	280	12	15	71	38	18	213	449	117	50	2,845	1,471	156	..	117	59	69	180	86	138	35	2,311	+534	4
5. Dundee	191	..	191	1,609	..	..	784	..	..	216	208	25	96	1,170	..	105	4,213	1,655	350	43	518	21	92	384	101	357	183	3,704	+509	5
6. Edinburgh	644	151	795	5,505	657	19	1,580	..	27	315	201	45	13	656	87	1,050	10,155	5,103	300	77	483	75	229	1,162	227	1,091	315	9,062	+1,093	6
7. Elgin	154	9	163	1,242	..	8	245	..	25	55	52	10	160	849	..	31	2,677	1,180	321	..	595	51	38	95	47	84	68	2,479	+198	7
8. Fife	231	8	239	1,970	1,830	..	1,348	..	..	360	210	12	407	570	176	35	6,918	1,761	434	..	2,070	67	164	732	118	462	117	5,925	+993	8
9. Glasgow (Gartloch)	287	131	418	4,199	..	37	1,602	168	123	167	148	10	..	1,780	6	672	8,912	4,367	277	..	982	200	131	1,691	134	1,116	311	9,299	−387	9
10. Glasgow (Woodilee)	586	10	596	4,705	2,575	13	2,109	21	102	485	148	54	93	455	282	343	11,385	4,328	597	..	2,309	290	204	1,655	172	998	338	10,891	+494	10
11. Govan	244	47	291	2,833	..	20	2,030	21	68	173	330	13	37	915	..	329	6,769	2,647	385	4	650	40	78	1,047	52	605	301	5,809	+960	11
12. Haddington	135	6	141	1,443	56	18	246	..	64	124	105	19	217	921	..	202	3,415	1,378	496	..	620	41	55	36	72	177	60	2,935	+480	12
13. Inverness	312	60	372	3,121	1,009	..	1,259	..	..	313	249	5	..	557	46	178	6,737	2,970	415	48	916	45	91	564	116	453	166	5,784	+953	13
14. Kirklands*	58	..	58	..	..	4	..	..	22	66	107	14	..	178	..	213	604	..	128	..	22	..	38	66	45	150	8	457	+147	14
15. Lanark	244	325	569	2,544	6	6	1,951	74	42	30	223	29	7	2,376	26	68	7,382	2,375	200	..	1,604	59	47	1,411	300	455	203	6,654	+728	15
16. Midlothian	235	3	238	2,174	..	4	621	1	42	216	105	25	55	667	26	214	4,151	2,035	272	..	428	61	66	330	103	517	224	4,036	+115	16
17. Paisley	41	..	41	1,232	57	..	417	..	..	95	118	..	16	268	10	5	2,218	946	46	..	309	52	61	372	88	50	16	1,940	+278	17
18. Perth	169	13	182	879	..	8	593	..	12	206	210	84	138	480	..	66	2,676	961	182	..	74	51	78	317	71	246	83	2,063	+613	18
19. Renfrew	128	6	134	..	..	..	..	..	..	..	53	2	..	..	..	96	151	..	..	..	..	14	39	31	32	67	9	192	−41	19
20. Roxburgh*	38	18	56	161	37	..	..	..	..	40	151	20	19	345	5	32	810	172	..	..	110	25	39	43	44	66	9	508	+302	20
21. Stirling	113	..	113	1,379	635	6	..	..	83	194	321	51	48	346	..	79	3,142	1,491	219	..	52	91	105	321	126	285	121	2,811	+331	21
Totals and Averages	4,382	877	5,259	39,595	7,437	177	16,858	297	674	3,396	3,398	480	1,613	14,990	868	4,238	94,021	37,921	5,119	300	13,582	1,441	1,779	12,111	2,025	7,986	2,835	85,099	+8,922	

*Those marked with an asterisk are Gardens only.

LIST OF LUNACY DISTRICTS IN SCOTLAND WITH THE NAMES AND ADDRESSES OF THE CLERKS TO THE DISTRICT LUNACY BOARDS.

Lunacy District.	Clerk to District Lunacy Board.
Aberdeen County	J. Forbes Lumsden, 15 Dee Street, Aberdeen.
Do. (City)	C. B. Williams, 20 Union Terrace, Aberdeen.
Argyll	A. McEwan, Lochgilphead.
Ayr	James E. Shaw, Ayr.
Banff	James Morrison, Banff.
Bute	John M. Lamont, Rothesay.
Caithness	James Young, Thurso.
Dumfries	John Robson, Dumfries.
Dundee	Robert Allan, Parish Council Chambers, West Bell Street, Dundee.
Edinburgh	James Kyd, Castle Terrace, Edinburgh.
Elgin	James Allan, Elgin.
Fife	David Osborne, Cupar-Fife.
Forfar and Kincardine	R. Freer Myles, Forfar.
Glasgow	James R. Motion, 266 George Street, Glasgow.
Govan	John Mitchell, 7 Carlton Place, Glasgow.
Haddington	W. Murray, Haddington.
Inverness	Anderson & Shaw, Inverness.
Leith	John Lamb, 45 Charlotte Street, Leith.
Lanark	Sir Thomas Munro, Hamilton.
Midlothian	R. Addison Smith, 19 Heriot Row, Edinburgh.
Orkney	Duncan J. Robertson, Kirkwall.
Paisley	J. M. Campbell, Parish Council Offices, Paisley.
Perth	David Marshall, County Buildings, Perth.
Renfrew	James Caldwell, County Buildings, Paisley.
Roxburgh	J. Curle, Melrose.
Shetland	Archibald Sutherland, Lerwick.
Stirling	James Dobbie, Stirling.

APPENDIX B.

Entries made by the Commissioners in the Patients' Books of Asylums, Poorhouses, and Institutions for Imbecile Children.

ROYAL AND DISTRICT ASYLUMS.

ABERDEEN ROYAL ASYLUM,
27th, 28th, and 29th March 1913.

On the 27th March 1913, 299 patients of the private class and 428 patients chargeable to parish authorities—727 in all—were on the register of the main Institution.

The previous visit was made on 4th July 1912, and since then 143 patients have been admitted, 52 have been discharged as recovered, 29 have been discharged not recovered, and 59 have died. Of the 29 patients discharged not recovered, 14 were handed over to the care of relatives, 1 was boarded out, 1 was sent to a poorhouse, and 13 were transferred to asylums.

The cause of death was in 11 instances, heart disease; in 7, senile decay; in 6, cerebral haemorrhage; in 6, general paralysis of the insane; in 6, the exhaustion of acute mental disease; in 5, phthisis pulmonalis; in 3, epilepsy; in 3, chronic nephritis; in 2, lobar pneumonia; in 2, broncho-pneumonia; and in 1 each of the following diseases:—cerebral tumour, exophthalmic goitre, septic pharyngitis and pulmonary embolism, cholangitis, pyelitis and cystitis, carcinoma of the breast, acute intestinal obstruction, and septicaemia. In order to verify the cause of death, *post-mortem* examinations were made in 33 cases

With respect to the unusually high death-rate it may be noted that all the deaths were the consequence of natural causes, and in 21 cases the age at death was 65 years or over.

Seventy-four patients were confined to bed in the hospitals for the treatment of mental symptoms, bodily illness, senility, or infirmity. The arrangements of the hospitals were in excellent order and of a modern description. The nursing of the patients is of a high standard.

Parole either beyond or within the grounds is given to 58 patients.

There has not been any use of either restraint or seclusion. This in itself is an indication of the humane and enlightened manner in which the medical staff perform their onerous duties.

There have been 3 escapes.

Three serious accidents were recorded. A lady met with a Pott's fracture (right foot) by slipping on the floor. One lady slipped on a mat, and an intra-capsular fracture of the thigh resulted. A third lady jumped out of a window and sustained an impacted intracapsular fracture of the left thigh.

The patients are suitably exercised and adequately employed.

All parts of the Institution were found in good order, and the material welfare of the patients was amply attended to in all respects.

With the exception of four patients who were on probation, the patients were individually seen. There were relatively few complaints, and such as were

made had reference to the desire to be liberated. Each of the cases was carefully inquired into, and it was not considered desirable or expedient, on account of the mental states of the several patients, to suggest liberation in any one case.

Fifteen nurses and attendants have been engaged to fill vacancies caused by resignations and the dismissal of 1 nurse.

The extensive alterations and extensions in the older parts of the asylum, referred to in previous reports, are well advanced, and it was obvious that they will be of material advantage in the general administration of the Institution, besides subserving the more modern requirements of large asylums.

On the 28th March 1913, a visit was paid to the Daviot Branch. The following are the changes that have taken place among the patients since 3rd July 1912 :—

At 3rd July 1912, the date of the previous visit, there were 114 patients, 64 men and 50 women, on the register of this Branch of the Institution. Since then 10 male and 3 female patients have been admitted, 8 male and 4 female patients have been returned to the main institution; 1 male patient has been discharged unrecovered; and 1 male patient has died. There is therefore no change in the numbers on the register.

The cause of the death above recorded was inflammation of the bowel and peritonitis, and a *post-mortem* examination was made.

Thirteen patients were unable to work by reason of bodily illness or infirmity. The others were suitably and beneficially employed at varied occupations.

A good dinner of rice and milk, fresh fish, potatoes, and bread was supplied to the patients. It was well cooked and extremely palatable, and the condiions under which it was served were most inviting.

A good impression was formed of the manner in which the patients are looked after. They had comfortable and sufficient clothing, bright day-rooms and healthy dormitories.

The only untoward incidents to record concerned the escape of 2 patients, 1 of whom was absent for 1 night before being brought back; while the other, who was not retaken before 28 days, had his name removed from the register.

The general management of the whole asylum maintains its high level of efficiency and skill.

The medical case books are well kept, and the statutory registers, when examined, were found to be in order and correctly kept.

ABERDEEN ROYAL ASYLUM,
25th and 26th August 1913.

On the 25th instant there were 853 patients on the register of the Asylum, of whom 303 were private patients. Eight persons were absent—7 on probation and 1 on pass; the others were all resident and were seen in the course of the visit. The patients were distributed within the Institution as follows: 664 in the main asylum, 113 in the branch asylum at Daviot, 59 (higher-paying private patients) in Elmhill House, and 9 in one of the cottages in the grounds.

The general condition of the patients, their surroundings in the various situations mentioned, and their care and treatment were uniformly satisfactory.

Since the previous visit on 27th March last, 79 patients have been admitted, 46 have been discharged, of whom 39 had recovered, and 23 have died. The recorded causes of death, which in 12 instances were verified by *post mortem* examination, were as follows: 5 died of exhaustion from acute mental affections, 4 of gross diseases of the brain, 3 of cancer, 3 of heart disease, 2 of senile decay, 2 of general paralysis, and 1 of each of the following diseases —acute septic pharyngitis, intestinal obstruction, tubercular enteritis, and kidney disease.

Seventy patients were found confined to bed, the majority for the treatment of mental symptoms, and the others either because of bodily illness or senility and infirmity. In addition to these, there are about 150 patients who are classified as physically infirm, but the record of the working patients shows that no less than 400 were usefully employed at the time of the visit.

It is gratifying to have to record that there are no entries in the Register of Accidents, or in the Register of Restraint and Seclusion, and that only 1 patient has escaped since the previous visit. The changes in the nursing staff are

as follows: 22 persons, 4 men and 18 women, were engaged; 19 persons, 3 men and 16 women, voluntarily resigned, and 1 man died.

The patients as a whole were orderly, free from excitement, and apparently contented. Three women were granted private interviews at their own request and for the purpose of obtaining release. In none of the cases was it considered necessary or advisable to interfere.

The work of reconstructing the old Asylum is progressing as rapidly as possible, always taking into account the difficulties imposed by the occupation of the buildings by the patients and staff. The new kitchen and a part of the store have now been practically completed and it is expected that the kitchen will be in use within the next two months. It is being fitted with modern machinery, and the arrangement of its interior together with the various and commodious adjuncts including sculleries and stores, appear to be admirably adapted to their purpose, and promise to fulfil all the modern requirements of an institution such as this.

It is learned with approbation that Dr. Reid has appointed a chief night nurse to superintend and co-ordinate the duties of the night female staff. It was also observed with satisfaction that a large number of acute patients are being treated in verandahs in the open air. These verandahs are moveable, and are formed of wooden frames covered with oil canvas. They have the advantage of being cheap, while subserving their purpose, and Dr. Reid considers that their mobility is also an advantage.

The official registers were examined and found to be regularly and correctly kept.

ABERDEEN CITY DISTRICT ASYLUM,
25th March 1913.

The number of patients is 465. They were all seen in the course of the visit.

Since the previous visit of 6th July 1912, there has been an increase of 6 patients. This is a relatively small number, but in view of the remarks in the previous report regarding the defective accommodation for male patients, and the inadequacy of hospital or infirmary wards, the District Board is again asked to consider seriously the question of extending the asylum to meet not only the present but future requirements.

Eighty-six patients have been admitted, 29 have been discharged recovered, 14 have been discharged not recovered, and 37 have died.

Of the patients discharged not recovered, 7 were sent to the care of friends, 6 were boarded out, and 1 was removed to England.

The causes of death may be summarised as follows: Ten died of heart disease, 7 of general paralysis of the insane, 5 of senile decay, 3 of pulmonary tuberculosis, 2 of pneumonia, 2 of broncho-pneumonia, 1 of cerebral hæmorrhage, 1 of epilepsy, 1 of nephritis, 1 of cystic disease of the kidneys, 1 of carcinoma of the stomach, 1 of intestinal obstruction, 1 of cystitis, and 1 of asphyxia from drowning. *Post-mortem* examinations were made for the verification of the cause of death in 19 instances.

With 1 exception the deaths were the result of natural causes. The exception referred to was that of asphyxia from drowning. A female patient whose mental state was such that she had been given parole for years, was found drowned in a trough in one of the fields in the neighbourhood of the asylum. The circumstances of the accident were reported to the Procurator-Fiscal and the General Board of Lunacy, and no blame can be attached to any of the asylum staff.

In addition to this accident, 1 woman sustained a Colles' fracture in climbing over a fence, and a man fractured the neck of his femur by falling on the floor, as the result of a push from a fellow-patient. While 3 patients were walking in the wooded grounds of the Institution 2 of them were struck by pellets from the guns of 2 strangers, who were shooting rabbits in a field adjoining the asylum property. Fortunately the patients were not seriously injured, and are now well. The matter was reported to the police authorities, who have prosecuted and punished the offenders for reckless discharge of firearms.

There were 38 patients confined to bed for treatment of mental symptoms, bodily illness, and senility or infirmity. The hospitals are ideal in their arrange-

ments, the nursing is of a high standard, and here, as throughout the whole Institution, the patients receive medical treatment and care of a high standard.

There has not been any use of restraint or seclusion, and there has been no escape.

A large number of patients of both sexes are well and suitably employed.

Fifteen nurses and attendants have resigned from the established service.

The several villas were carefully inspected and found to be scrupulously clean and well ventilated, and the wants of the patients scrupulously attended to in all respects.

An excellent and well-cooked dinner of lentil soup, bread, milk pudding, and cheese was served to the patients.

Complaints that were made were solely on the grounds of undue detention. These complaints were the subject of interview and investigation, and it was not considered necessary to advise discharge in any one instance.

The new farm is now in good working order, and it should prove a valuable help in the care and treatment of the patients. It is well designed, and much thought and care must have been spent on its arrangements and equipment.

A most favourable impression was formed of the manner in which the general management of the Institution is conducted.

The medical case books are carefully and intelligently kept, and the statutory registers were on examination found in good order and correct.

ABERDEEN CITY DISTRICT ASYLUM,
24th July 1913.

When the Asylum was last visited on the 25th March, the number of patients on the register was 465. To-day the number is 466, of whom 249 are males and 217 females. They were all seen in the course of the visit.

During the period under review, the following changes have taken place: 13 male and 15 female patients have been admitted, 5 male and 1 female patients have been discharged recovered, 3 male and 1 female patients have been discharged unrecovered and sent to the care of relatives, and 6 male and 11 female patients have died. Death is certified as being due to valvular disease of the heart in 6 cases; to exhaustion from senile mania or dementia in 4 cases, to phthisis and carcinoma in 2 cases each, and to broncho-pneumonia, ulcerative enteritis, and general paralysis of the insane in 1 case each. The cause of death was verified by *post mortem* examination in 8 cases. In the other cases permission to make a *post mortem* examination was refused by the relatives.

The general health of the inmates at present may be described as good. Twenty-four patients were under treatment in bed owing to mental symptoms; only 5 were in bed owing to bodily illness, and 14 on account of senility or infirmity.

There are 10 male patients at present under treatment for general paralysis, and there are 31 epileptics.

A large amount of liberty is given to the patients with much success. Thirteen patients have parole beyond the grounds, and 140 have parole within the grounds, yet during the period under review there has been only one escape, the patient having been absent for a night before being brought back.

There have been no cases of restraint or seclusion since last visit.

There is only 1 entry in the Register of Accidents referring to a case of fracture of the lower jaw sustained by a patient falling on the dormitory floor in an epileptic fit.

The employment of the patients is well attended to. Over 70 per cent. were engaged in useful work, and it is most satisfactory to note that over one-half of the male patients are employed at work in the gardens and fields or as farm servants about the new farm buildings.

The patients were, on the whole, orderly and contented, and the dress of both male and female inmates was good and well-fitting. A few patients asked for and received private interviews. The complaints made were mostly of undue detention, but in no case was it considered desirable to recommend their discharge.

The day-rooms and dormitories in the various villas were well ventilated,

scrupulously clean, bright, and homelike, the only unfavourable feature being the rather crowded condition of the female hospital to which attention has already, on several occasions, been directed.

An excellent dinner was seen and tasted in one of the female villas. It consisted of rice soup with bread, stewed mutton, and potatoes. It was an ample, well-cooked meal, and was evidently appreciated.

The staff of male and female attendants is maintained at suitable strength. During the period under review 9 attendants have resigned and 13 have been engaged.

A very favourable impression was formed of the general administration and the medical care of the patients.

The books and registers were examined and found correct and up to date.

ARGYLL AND BUTE DISTRICT ASYLUM,
8th and 10th February 1913.

There were 456 patients in the asylum on the 8th instant, all of whom, with the exception of 1 man who was absent on probation, were seen in the course of the visit. Since the previous visit in July 1912, the numbers on the register have decreased by 9, a fact which is attributed to the low admission rate which prevailed during the past year. Of the 456 patients on the register, 229 are males and 227 are females, and of these again, 9 men and 18 women are private patients.

In the interval since the previous visit, 29 patients have been admitted, 20 have been discharged (11 recovered and 9 unrecovered), and 18 have died.

The assigned causes of death are as follows: From senile decay, 5 cases; cerebral hæmorrhage, 4 cases; pneumonia, 3 cases; heart disease, 3 cases; and in 1 case each from the following diseases—chorea, tubercular meningitis, and pulmonary phthisis. *Post mortem* examinations were made in 9 instances.

No patient has been subjected to either restraint or seclusion since the previous visit, and no patient has been absent from the asylum over a night by escape.

The Register of Accidents contains 3 entries, namely, a fracture of the femur in a female patient caused by being knocked down by another patient; a fracture of the femur in a female patient caused by slipping and falling, and a fracture of the patella in a male patient caused by falling during an epileptic fit.

Eight male and 7 female attendants have been engaged; 5 male and 4 female attendants have resigned; 1 female attendant died, and 2 male attendants have been dismissed for misconduct not directly affecting the patients. Owing to the District Board's decision to claim exemption for their employees from the provisions of the National Insurance Act, the engagement of nurses and attendants on probation has been discontinued. The District Board has lost, through the death of Mr. Robert Hamilton, an old and valuable servant. For many years he had drawn the plans and supervised and carried on all the building operations and alterations which have taken place at the asylum without outside aid or advice. The thoroughness of his work and the economy with which it was effected have always elicited the admiration of those who were acquainted with it.

The patients were most satisfactorily cared for and in good health, with the exception of those in hospital, 37 of whom were confined to bed. Their dress was, without exception, suitable and neat, they were free from noisy excitement and discontentment, and they exhibited in their persons every appearance of being properly nourished.

The asylum was found throughout in very good order, and the prevailing cleanliness and brightness of the apartment attracted favourable notice.

The erection of glass verandahs in connection with the male and female hospitals has been well carried out, and the verandahs promise to be of great service for the open-air treatment, not only of phthisis—of which there is fortunately very little in the asylum—but of various forms of mental disease. Two of the wards, and the male and female attendants' mess-rooms, have been repainted. A new lavatory has been constructed in connection with the Morven division, and the lavatories in the Bute division have been refitted.

It is understood that the boilers and steamers in the kitchen are worn out and require to be replaced on a larger and more modern scale. When this is under consideration it should be kept in view that the kitchen itself is too small,

and that it could be suitably enlarged by a projection into the adjoining courtyard.

The official registers were examined and found correct.

ARGYLL AND BUTE DISTRICT ASYLUM,
5th and 6th September 1913.

There has been an increase of 9 in the number of patients since the Institution was visited on 8th February 1913. This increase consists of 3 patients of the private class and 6 chargeable to parish authorities.

All the patients—465—were individually seen. With the exception of a few who were desirous of being discharged, and whose cases were carefully investigated, the patients generally were contented, and their appearance gave evidence of excellent care in all respects.

Forty-four patients have been admitted, 13 have been discharged as recovered, 2 have been discharged not recovered by transference to other asylums, and 20 have died.

The causes of death were as follows: Five died of senile decay, 3 of cerebral softening, 3 of general paralysis of the insane, 2 of cerebral hæmorrhage, 2 of pneumonia, 1 of emphysema and cardiac failure, 1 of heart disease, 1 of cirrhosis of the liver, 1 of hemiplegia, and 1 of cerebral abscess. The cause of death was verified in 12 instances by *post mortem* examination.

There has not been any use of either restraint or seclusion, and only 1 patient has escaped and been absent for at least one night before being brought back.

A patient, in going downstairs, fell and sustained a Colles' fracture of the left radius.

The majority of the patients of both sexes were usefully and suitably employed at varied occupations, and their leisure hours are brightened by ample opportunities for games and amusements.

Eighteen nurses and attendants were engaged to fill vacancies on the Established register. These vacancies were due chiefly to resignations for other situations. Three attendants were dismissed for unsatisfactory conduct.

In the hospitals the verandahs were occupied by a number of patients who were having the advantage of treatment in the open air. It would be both economical and useful if the beds of the bed-ridden patients in the female hospitals could be wheeled directly on to the verandahs. This could be done by breaking out a door at the end of the hospital ward.

Extensions of the houses of two of the staff were in progress at the farm. These extensions have been approved of by the General Board, and will not only add to the comfort of the staff but also allow of more effective provision for the requirements of the farm.

The patients generally were well clothed; the dress of the women was neat and varied. Excellent meals were given to all the patients, and the arrangements of the sitting-rooms and dormitories ensured a maximum of comfort. Everywhere there was scrupulous cleanliness.

Dr. Shaw, the Medical Superintendent, was absent on holiday, but every facility was given for inspection by his assistant, Dr. Munro.

The management of the Institution, both in its medical and administrative aspects, continues to deserve commendation.

The statutory registers and books were examined and found to be neatly and correctly kept and up-to-date.

AYR DISTRICT ASYLUM,
3rd March 1913.

There are 558 patients on the register of the asylum at this date, of whom 32 are private patients. They were all resident and all seen in the course of the visit.

On 28th June 1912, the date of the previous visit, there were 546 patients on the register. Since then 94 have been admitted; 42 have been discharged, of whom 30 were recovered, and 40 have died.

The deaths are registered as due to senile decay in 8 cases, to gross cerebral disease in 7 cases, to general paralysis in 6 cases, to exhaustion from acute mental disease and diseases of the heart in 4 cases each, to cancer in 3 cases, to pneumonia

in 2 cases, and to pleurisy, epilepsy, phthisis, cirrhosis of the liver, kidney disease, and bronchitis in 1 case each. One of the cases which died of pneumonia had been admitted with a wound in the throat, self-inflicted prior to admission. *Post-mortem* examinations were made in 26 instances, or in the creditable proportion of 65 per cent. of the deaths.

It is observed with satisfaction that only one death was due to pulmonary phthisis, and it is understood that only 3 patients in the Institution suffer from active phthisis. One of these manifested acute symptoms of the disease on admission. On the occasion of a previous visit reference was made to the number of persons who had died from phthisis. Dr. M'Rae explains that the present immunity of the Institution from the disease is due to the measures that are taken to ensure that every patient must daily spend a certain time in the open air, to the proper ventilation of the wards and dormitories, and to the rigid isolation of all cases of active phthisis.

The Register of Accidents contains four entries, referring (1) to a severe lacerated wound of the forearm in the case of a female patient who impulsively thrust her hand through a pane of glass; (2) to a dislocation of the humerus; (3) to a Colles' fracture of the radius; and (4) to an impacted fracture of the femur —all caused by accidental falls. There are no entries in the Register of Restraint and Seclusion. Two patients escaped and were each absent for at least one night before being brought back.

Divine service last Sunday was attended by 380 patients—201 men and 179 women. It is recorded with approval that communion is regularly held in the Asylum Chapel, and is partaken of by 20 patients of each sex. It is understood the privilege is greatly appreciated by the patients.

Since the previous visit 3 male and 7 female attendants have voluntarily resigned, 2 male and 3 female attendants have been dismissed for faults not directly affecting the patients, and 5 male and 9 female attendants have been engaged. The nurses and attendants are systematically trained in their duties by means of lectures and demonstrations, and a very large proportion of them obtained the certificate of the Medico-Psychological Association. There are at present in the service of the Institution 19 nurses and 9 male attendants who are qualified and certificated nurses of the insane.

The condition in which the patients were found was particularly satisfactory. There was a complete absence of noise and excitement, a fact which can only be accounted for by the careful attention, not only to the general wants of the community, but to the individual requirements of each patient. The dinner provided for the patients to-day consisted of rice soup, boiled beef, and potatoes. Its service in the dining hall was orderly and methodical, while the patients themselves were quiet and tranquil. It was observed in the course of the visit that, with the exception of 1 woman who was passing through an acute mental attack, all the patients occupy bedsteads, not excepting those confined to bed during the day. The old method of placing restless patients on shake-downs on the floors of single rooms has been abolished. It was also observed with approval that the use of single rooms for restless patients during the night has been largely discarded.

The recent renovation and alteration of the laundry has been excellently carried out. The additions to the length of the building, the new roof, the new receiving and issuing rooms, the new drying closets and the new hydro-extractors have added greatly to the efficiency of the department; while the good lighting and the complete absence of steam in the wash-house, and other minor details, must add greatly to the comfort of the workers.

The official registers were examined and found correct.

AYR DISTRICT ASYLUM,
10*th September* 1913.

There has been an increase of 15 in the number of patients on the register of the Institution since 3rd March 1913. All the patients, to the number of 573, were resident at the time of the visit, and were individually seen.

Notwithstanding the large number of patients labouring under acute mental disease, there was a marked absence of noise and excitement, and no complaints were made. One lady asked for an interview, which was given to her. What she had to say had reference to her own domestic concerns, and she expressed

herself as satisfied with all that was being done for her in her present circumstances.

Ninety-four patients have been admitted, 35 have been discharged recovered, 16 have been discharged not recovered, and 28 have died.

The manner in which the patients discharged not recovered were disposed of was as follows: eight were transferred to other asylums, 6 were handed over to the care of relatives, 1 was removed to England, and 1 man, having escaped and been absent for the statutory period of 28 days, had his name removed from the register. It was learned that the whereabouts of this patient is now known and that he is doing well.

The main causes of death were from general paralysis of the insane and senile decay. These conditions caused 8 and 4 deaths respectively. Three patients died of cerebral softening, 2 of epilepsy, 2 of exhaustion from acute mental disease, 2 of lobar pneumonia, 2 of heart disease, 1 of pulmonary tuberculosis, 1 of tubercular peritonitis, 1 of broncho-pneumonia, 1 of carcinoma of the rectum, and 1 of carcinoma of the œsophagus. The deaths were the result of natural causes, and in 86 per cent. the cause was verified by *post-mortem* examination.

Forty-one patients were confined to bed for treatment of mental or bodily illness, or a combination of these conditions. The nursing is of a high standard, and the state in which the hospital was found was most praiseworthy.

There were only 5 patients with an active tubercular condition. These were being nursed in the hospital, and this procedure was approved of. The whole hospital has been erected on the principles on which sanatoria for consumptives are built. The advantages of the whole building are shared in by cases of acute mental disease, which, it has been observed in this as well as in other Institutions, benefit by treatment in the open air, and the precautions adopted and intelligence used by a trained nursing staff.

There were 10 entries in the Register of Restraint and Seclusion. These referred to the seclusion on 10 occasions, and for a few hours at a time of a female patient who showed dangerous tendencies.

Four patients escaped. Three of them were absent for at least one night before being brought back. The fourth was discharged, as has been noted above.

The number of patients attending Divine service on the Sunday previous to the visit was 377.

As many patients as could be beneficially and usefully employed were engaged in various occupations.

There have been 2 accidents of a serious nature. One man fell and sustained a fracture of the left humerus. The other accident happened to a man, who dislocated the bones of the left elbow-joint by falling, in consequence of another patient tripping him.

Twenty nurses and attendants have been engaged on the Established service of the Institution to fill vacancies caused by resignations and the dismissal of 3 attendants and 2 nurses. Of the nursing staff dismissed, 1 man left without giving notice, 1 was dismissed for insubordination, and the third attendant was discharged on account of intemperate habits. The two nurses dismissed had been absent without leave.

An ample and well-cooked dinner was served to the patients, and their well-being was adequately attended to.

The day-rooms were bright and cheerful, and the dormitories presented a comfortable appearance. The Institution was found in good order in all its departments.

The medical care of the patients reaches a high standard, and the administration generally is of an active and conscientious description.

The medical and statutory registers were examined and found to be correctly kept.

BANFF DISTRICT ASYLUM,
29th January 1913.

Since the previous visit of 2nd July 1912, the number of patients in this Institution has increased by 2. There are 176 patients on the register, 6 of these being of the private class, while the others are chargeable to the several parishes subserved by the asylum.

Thirty patients have been admitted, 9 have been discharged recovered, 8 have been discharged not recovered, and 11 have died.

Of the patients discharged not recovered, 4 were sent to the care of friends, 3 were boarded out with guardians, and 1 was transferred to another asylum.

The causes of death were as follows : 2 of epilepsy, 2 of tubercular affections, 1 of strangulation, 1 of cardiac disease, 1 of cancer of the stomach, 1 of renal cirrhosis, 1 of acute mania, 1 of senile decay, and 1 of general paralysis of the insane. The cause of death was verified in 5 instances by *post-mortem* examination. The death due to strangulation occurred outside of the Institution, in the case of a patient who, at the request of the Parish Council authorities to whom he was chargeable, had been liberated on 28 days' trial and was in the care of his friends.

Fourteen patients were confined to bed for treatment of mental symptoms, bodily illness, and senility or infirmity. There was a noticeable improvement in the nursing arrangements for hospital patients, and this is probably the consequence of the classes held regularly by the Medical Officer for the training of the staff in mental nursing.

There were 2 entries in the Register of Seclusion. These referred to the seclusion of 2 epileptics for a period of three hours on account of dangerous maniacal tendencies.

One male patient, as the result of a push from a fellow-patient, sustained a fracture of the ninth rib on the left side. This has been the only accident of moment.

The patients were found to be suitably and advantageously employed, and it was obvious that much care was exercised by the management in directing their labour so as to be not only of benefit to their several mental states, but also to the gain of the Institution.

There have been 5 resignations of attendants and nurses from the staff on the Established Register.

A substantial, palatable, and adequate dinner was served to the patients during the time of the visit.

The patients generally were free from excitement, and were in fair health. There were no complaints of any kind.

A careful inspection of the whole Institution gave the impression that the material welfare of the patients was adequately attended to in all directions. Their clothing was neat, clean, and serviceable. The day-rooms were bright and comfortable, and the dormitories in a satisfactory state.

As the District Lunacy Board is at present engaged in the consideration of plans for the better accommodation of patients and nurses, it seems an appropriate occasion to ask its careful attention to the entries in the previous Report regarding the state of the laundry, especially its equipment and facilities for the comfort and convenience of the patients working in it. The recommendations in the entry referred to, if given effect to, would bring the laundry into line with modern requirements.

It was noticed with approval that weighing machines have been obtained, and the weighing of the patients is regularly and systematically carried out.

The single rooms in both departments of the main building have been cleaned and the walls tastefully repainted.

The Institution is well and carefully managed.

The case books were examined and were written up to date, and the statutory registers were found to be regularly and correctly kept.

BANFF DISTRICT ASYLUM,
26th June 1913.

There are 169 patients, 88 men and 81 women, on the register to-day. Two of the men and 2 of the women are private patients. All the patients were resident and were seen during the visit.

On the 29th January last—the date of the previous visit—there were 176 patients on the register. Since then, 10 have been admitted, 8 have been discharged, and 9 have died.

The deaths are registered as due to phthisis in 4 cases, and to the following affections in 1 case each : pneumonia, cerebral thrombosis, septicaemia, ovarian cyst, and heart disease.

The Register of Accidents contains 1 entry referring to fractures of three ribs in a female patient caused by accidentally falling downstairs.

There are no entries in the Register of Restraint and Seclusion. One male patient escaped and was absent for at least one night before being brought back.

The patients presented the usual evidence of adequate care and attention. Eight of them, 4 men and 4 women, were confined to bed, and in addition to these, 18 men and 27 women were more or less helpless and infirm. Nearly 70 per cent of the patients were, however, engaged in work, and over 38 per cent. of the male inmates were working on the farm or grounds.

Since last visit the male and female hospital wards, a large dormitory on the male side, and a small dormitory on the female side, have been repainted by the asylum joiner, assisted by a few patients.

The poultry, which were formerly kept near the farm-steading, have been removed to Woodpark, and several of the female patients who now look after them there have thereby had a new interest added to their lives.

It was observed that a harmonium has been procured for the Sunday services, and it is understood that this has added to the interest in these services.

It was learned with approval that the District Board have under their favourable consideration a proposal to introduce electric lighting into the Institution.

The official registers were examined and found to be correct.

CRICHTON ROYAL INSTITUTION, DUMFRIES,
26th and 27th February 1913.

There are 902 patients on the register of the Institution, all of whom, with the exception of 2 men and 3 women who were absent on probation, were seen in the course of the visit.

Of those on the register 527 are private patients—50 of these being voluntary inmates—and 375 are chargeable to parishes within the counties of Dumfries, Kirkcudbright, and Wigtown.

Since the previous visit on the 13th June 1912, 145 patients have been admitted, 84 have been discharged, and 46 have died.

The deaths are registered as due to gross disease of the brain in 8 instances, to heart disease in 8 instances, to exhaustion from acute mental disease in 6 cases, to cancer, epilepsy, and senile decay in 4 cases each, to phthisis and disease of the kidney in 3 cases each, to drowning and general paralysis in 2 cases each, and to injury to the throat and pneumonia in 1 case each. These causes of death only call for comment in 3 cases—the deaths due to drowning, and the death due to injury of the throat. In the latter case—that of a male patient—the injury was self-inflicted with suicidal intention prior to admission to the asylum. With regard to the cases of drowning, one, a lady, and the other, a gentleman, had both made satisfactory recoveries, and were about to be discharged from the Institution. Neither of them was regarded as suicidal. The lady was found drowned in the bath attached to her suite of private apartments. The gentleman was on parole, and his body was found in the river Nith. Since the death of the lady it has been ordered that no patient shall be allowed to enter a bathroom unobserved; otherwise these two unfortunate occurrences, which were unpreventable, call for no special precaution.

The Register of Accidents contains 2 entries referring to fractures of the leg in the case of 2 female patients due to accidental falls. There are no entries in the Register of Restraint and Seclusion. Two patients escaped and were each absent for at least one night since the date of the previous visit.

One hundred and fifty-five patients were confined to bed, 102 of them for the treatment of mental symptoms, 37 for the treatment of physical illness, and 16 on account of senile infirmity. Besides the patients confined to bed, a large number of the inmates were being treated in the extensive hospital accommodation which the Institution now provides. Practically 30 per cent. of the accommodation of the Institution is of a hospital character. This accommodation is admirable in its character and of the most modern description. Every section of the Institution is now provided with excellent hospitals, attached to which are spacious verandahs, which permit of the treatment of all patients who require it by rest in bed in the open air. The general benefit of this system is now universally acknowledged, and its beneficial results upon the patients of the Institution are clearly obvious.

The reorganisation and reconstruction of the Institution has recently made great progress. One half of the old Second House has now been abandoned, and the patients who occupied it have been transferred to the new villas. This part of the Second House is to be pulled down. It may be that the Directors will decide that the whole of the Second House should be removed, an action which would greatly improve the amenity of Crichton Hall, and which would place the whole grounds from Oakfield Villa on the north to the "right of way" on the south at the disposal of the patients of the First Division. To the south of the "right of way" a complete new Asylum on the villa system for patients of the Intermediate and Third Divisions has been erected, and, with the exception of two villas which are now being roofed in, is completed. This new Asylum consists of 4 groups of villas for the males and females respectively of the Second and Third Divisions. Each group consists of a hospital, and of a closed and open villa. Nothing that experience and modern science can suggest for the care and well-being of the patients is wanting in their construction and arrangement.

The patients as a rule were quiet and orderly. Six of them demanded, and were given, private interviews, and numerous statements were made by various patients in the course of the visit, but no complaints were made with reference to the treatment they received or to the management of the Institution.

The new laboratory for scientific research which is now under the charge of Dr. Cruickshank was inspected, and found to be furnished with all the more modern appliances required for chemical and biological clinical research.

The management of the Institution is obviously progressive and successful.

The official registers were examined and found correct.

CRICHTON ROYAL INSTITUTION,
12*th June* 1913.

There are at this date 849 patients on the register of the Institution. Of this number 478 are private patients, and 371 are chargeable to parish authorities. Five of the private patients were absent on probation. The number of voluntary inmates is not included in the above figures. There are 48 of this class, and the fact that so many patients enter the Institution of their own free will is a measure of the high repute which it bears with respect to the care and treatment of the mentally affected.

The following changes have occurred among the registered patients since 26th February 1913, the date of the previous visit: Fifty-eight have been admitted, 13 have been discharged as recovered, 9 have been discharged as unrecovered, and 39 have died.

The patients discharged as not recovered were in 4 instances transferred to other Institutions, 1 was discharged on expiry of the Sheriff's Order, and 4 were sent to the care of friends.

Ten patients died of pneumonia, 7 of senile decay, 5 of general paralysis of the insane, 5 of heart disease, 3 of influenza with broncho-pneumonia, 2 of epilepsy, 1 of cerebral haemorrhage, 1 of myelitis, 1 of phthisis pulmonalis, 1 of carcinoma of the lower jaw, 1 of asphyxia by hanging, 1 of meningitis, and 1 of septic cellulitis of the face and the neck. The cause of death was verified by *post-mortem* examination in 20 cases. With the exception of the death from hanging, the causes of death were natural. The circumstances under which the exceptional case occurred were the subject of inquiry by the Procurator Fiscal and the General Board of Lunacy, and the finding was that, as the patient in question had given no previous indication of suicidal tendencies or intentions, the authorities of the Institution could not be blamed for neglecting any necessary precaution. Eighteen of the patients who died were over 65 years of age at the time of death, and the senility or physical infirmities under which they laboured were predisposing factors.

One hundred and twenty-eight patients were confined to bed in the hospitals for the treatment of either mental or bodily disease, or a combination of these conditions. These patients share the skilled and capable nursing which is a feature of the Institution, and receive all the necessary medical care and attention which modern knowledge can supply. The facts relating to each inmate in the Institution are carefully and elaborately embodied by the medical officers in the case books.

An opportunity was afforded of visiting the medical laboratory, and from the practical work going on there it was evident that under the able direction of the pathologist no opportunity is lost of amplifying the general medical work of the Institution by those chemical and bacteriological examinations so essential for a complete understanding of each case. It was also noticed with approval that important research work towards the elucidation of the problems of mental disease was in progress. The Directors are to be warmly congratulated on the encouragement they have given to the medical staff to prosecute their studies to the fullest extent that modern scientific thought is able to suggest. Such encouragement will not only be reflected in greater accuracy in the care and treatment of the patients in the Institution, but it will also shed light on the unfortunately too numerous and hitherto inexplicable causes of many of the insanities of mind.

Despite the large number of patients with acute mental conditions, there has not been any use of either restraint or seclusion.

There has been only 1 escape, and fortunately there has been no accident of serious importance.

The patients were suitably and beneficially exercised, and, where possible and advantageous to them, congenial work in the open air was afforded.

The several villas and buildings were carefully inspected and found in excellent order. The material welfare of the patients was adequately attended to in all respects.

Twenty-one nurses and attendants have resigned, and the staff is kept at an adequate strength.

In the previous report references were made to the progress made in the new villas, and to the plans which the Directors have in view for further improvements and extensions. These references are fully concurred in.

Such patients who desired interviews were given them. These interviews were relatively few in number, and except in one case, which is already receiving consideration at the hands of the Medical Superintendent, it was not considered necessary to suggest any interference in the existing arrangements.

The management of the Institution continues to meet with approval for its enlightened and progressive spirit.

The statutory registers were neatly and correctly kept, and were written up to date.

DUNDEE ROYAL ASYLUM,
12*th May* 1913.

The changes which have taken place in the Institution since the previous visit of 20th November 1912 consist of the admission of 9 patients, the discharge as recovered of 5, the discharge not recovered of 2, and the death of 3. In consequence of these changes the number of patients resident has decreased by 1. The number resident is 60, 26 men and 34 women.

The causes of death in the 3 patients who died were, respectively, general paralysis of the insane, passive congestion of the lungs, and heart disease. In none of the cases was a *post-mortem* examination made.

Two attendants and 3 nurses have been engaged to fill vacancies caused by resignation.

No untoward event has occurred in connection with any of the patients, and their interests are carefully and conscientiously looked after.

All parts of the Institution were in excellent order. The day-rooms and sitting-rooms were bright, warm, and well ventilated, and the arrangements in the dormitories were entirely for the comfort and well-being of the occupants. Everywhere scrupulous cleanliness prevailed.

There were no complaints of any kind.

The registers, on examination, were found to be correct.

DUNDEE ROYAL ASYLUM,
15*th October* 1913.

There are 64 patients resident in the asylum at this date, of whom 30 are males and 34 females. Two of the females are voluntary patients. Since last visit, on the 12th May, the following changes have taken place: 10 patients

(4 male and 6 female) have been admitted, 4 female patients have been discharged recovered, 1 has been discharged unrecovered, and 2 have died. One voluntary male patient has left. The deaths are registered as due in one case to cerebral hæmorrhage, and in the other to organic brain disease and diarrhœa.

Forty-nine of the patients do a certain amount of more or less useful work, 5 of the gentlemen working in the garden and grounds, and 10 of the ladies at needlework and knitting.

The general health of the patients is on the whole good. Nine were confined to bed at the time of the visit. They were quiet and orderly in their behaviour, generally contented, and no complaint was made by any of them as regards their treatment, though one or two regarded themselves as improperly detained.

There have been no cases of restraint or seclusion, no escapes, and no accidents. Twenty-two patients attended Divine service last Sunday.

The asylum was found in excellent order, scrupulously clean, well ventilated, nicely furnished, and decorated with flowers.

Three attendants resigned, and a similar number have been engaged.

The books and registers were examined and found correct.

DUNDEE DISTRICT ASYLUM,
12*th May* 1913.

The numbers of patients resident in the Institution at this date are 195 men and 220 women—415 in all. The patients were seen individually, with 1 exception. This exception was a man who made his escape, and has not yet been retaken. He was not regarded as dangerous either to himself or others.

Since 19th November 1912, when the previous visit was made, 50 patients have been admitted, 23 have been discharged as recovered, 17 have been discharged not recovered, and 32 have died. Six of the patients, who were discharged as not recovered, were transferred to other Institutions, and 11 were boarded out with guardians.

Six patients died of tubercular affections—mainly pulmonary—5 died of general paralysis of the insane, 5 of heart disease, 3 of cerebral hæmorrhage, 3 of organic brain disease, 3 of epilepsy, 2 of acute pneumonia, 1 of cerebral softening, 1 of pyelo-nephritis, 1 of carcinoma uteri, 1 of ovarian tumour, and 1 of pernicious anæmia. The cause of death was verified in 17 instances by *post-mortem* examination.

There has not been any use of either restraint or seclusion in the treatment of the patients.

Three patients escaped. Two of these were absent for at least one night before being brought back. The third is still at large.

The suitable and beneficial employment and exercising of the patients was adequately and carefully attended to.

Twenty-five patients were confined to bed, chiefly for treatment of mental symptoms. The medical care of the patients in the hospitals and throughout the Institution was capable and conscientious, and a high standard of nursing is insisted upon.

An ample and palatable dinner of rice and milk, and bread and cheese was served to the patients. It gave general satisfaction.

The material comfort of the patients was all that could be desired so far as personal clothing, comfort in the sitting-rooms, and congenial surroundings were concerned. The dormitories were scrupulously clean and well ventilated, and the beds and bedding were in good order. A large number of the beds were without wire mattresses, and as the hair mattresses become worn, such beds cannot be sufficiently comfortable. It is recommended that wire mattresses be gradually placed in these beds until a uniform standard in this respect is obtained.

There has not been any serious accident.

The patients were very free from noisy excitement, discontent, and complaint. Two patients complained of their treatment, but on close inquiry it was found that these complaints were based on delusions of suspicion and beliefs that their food was drugged.

A commencement has been made with the alterations in the main building, whereby the sitting accommodation will be increased and made proportionate to the existing accommodation in the dormitories.

Thirteen attendants and 4 nurses have been engaged to fill vacancies caused by resignations and the dismissal of 1 man for unsatisfactory service.

In the absence of the Medical Superintendent, Dr. Steele was in charge of the Institution. His management is active and efficient.

The medical case books and statutory registers were examined and found to be regularly and correctly kept.

DUNDEE DISTRICT ASYLUM,
14th October 1913.

There are 413 patients on the register of the Asylum at this date, of whom 192 are males and 221 are females. With the exception of 2 men and 1 woman, who are absent on pass, they were all seen and given an opportunity of making any statements they wished.

At 12th May last—the date of last visit—there were 197 male and 220 female patients. Since then the following changes have taken place: 16 men and 21 women have been admitted, 5 men and 6 women have been discharged recovered, 6 men and 4 women have been discharged unrecovered, and 10 men and 10 women have died. There is therefore a decrease of 5 in the number on the male side and an increase of 1 on the female side.

Of the unrecovered patients 7 were boarded out and 3 were transferred to other asylums.

The deaths are registered as due to the following causes, viz., 4 to general paralysis, 4 to cardiac diseases, 3 to cerebral hæmorrhage, 3 to organic brain disease, 2 to phthisis pulmonalis, and 1 each to epilepsy, exhaustion from acute melancholia, peripheral neuritis, and carcinoma of the stomach. *Post mortem* examinations were made in 11 cases. In the others the sanction of the relatives was refused.

It is satisfactory to record that there have been no cases of restraint or seclusion, and there have been no escapes.

Only one accident of any consequence has occurred during the period under review. A female patient slipped on the stair and fell, fracturing her right forearm. A very full record is kept of all minor accidents, which are evidently most minutely inquired into when they occur.

The employment and exercise of the patients is well attended to. To-day 155 men and 127 women were employed in various ways, 60 of the men being employed at farm or garden work. The number of women unemployed is large, but it has to be kept in mind that a very large number of senile cases are admitted.

The general health of the patients was good. None were suffering from any acute or epidemic illness, and it is satisfactory to record that there are no cases of active pulmonary phthisis at present. Ten men and 19 women were being treated in bed—many of them in the open air—for mental or bodily illness. Probably a larger number might with advantage be similarly treated, but with the present limited hospital accommodation, the natural tendency is to keep as many as possible in the ordinary day-rooms and dormitories.

The alterations in the main building are making good progress, and the additional day-room accommodation on the ground floor will, when completed, add much to the comfort of the patients. The partitions between single rooms on the first floor have been removed, and small dormitories, for four patients each, formed in their place.

The presence of workmen is causing temporary overcrowding of one or two of the day-rooms on the female side, and there was consequently a little noisy excitement there caused principally by two women. As a whole the conduct of the patients was very orderly and there were very few complaints.

The general comfort of the patients is well attended to. They were clean in person, comfortably clad, and looked well nourished. The dormitories were scrupulously clean and well ventilated, the beds were comfortable, and the covering ample. Effect has been given to the recommendation in last entry regarding spring mattresses, and these have now been ordered for all the beds not already supplied with them.

The dinner to-day consisted of Scotch broth, preserved beef, potatoes, and bread, and was an ample meal, appreciated by all who were spoken to. It is understood that tinned meat is only served once a week.

In order to provide accommodation for twelve married attendants, six double cottages are in process of erection to the east of the nurses' home. The work is

fairly well advanced and, when they are completed, they should provide comfortable accommodation, and do much to secure greater stability of service.

Three male and 7 female attendants have resigned, and 2 men were dismissed as unsuitable. Four male and 5 female attendants have been engaged.

The books and registers were examined and found correct.

ROYAL EDINBURGH ASYLUM,
17th, 18th, and 19th June 1913.

Since the previous visit of 18th November 1912, the number of registered patients has decreased by 8. This is mainly due to an active discharge of patients either as recovered or not recovered.

Of 758 patients on the register on the first day of the visit, 446 were of the private class, and 312 were chargeable to parish authorities; the number of voluntary inmates—a number not included in the above figures—is 21, all of whom are private patients.

One hundred and twenty-one patients have been admitted, 32 have been discharged as recovered, 48 have been discharged as not recovered, and 49 have died. Of the 48 patients discharged as not recovered, 34 were sent to the care of friends, 12 were transferred to other institutions, 1 was discharged on expiry of an Emergency Certificate, and 1 was boarded out with a private guardian.

The causes of death may be described as follows: 12 died of general paralysis of the insane, 11 of senile decay, 4 of cerebral hæmorrhage, 4 of pulmonary tuberculosis, 3 of heart disease, 2 of epilepsy, 2 of acute bronchitis, 2 of acute pneumonia, 2 of chronic nephritis, 2 of enteritis, 1 of septicæmia, 1 of pleurisy, 1 of carcinoma of the pancreas, 1 of carcinoma of the uterus, and 1 of exhaustion from acute mania. In 23 instances the cause of death was verified by *post-mortem* examination. The results of these examinations are carefully and elaborately recorded. The work of the laboratory not only takes cognisance of these *post-mortem* findings, but by means of complex chemical and bacteriological investigations, which are of prime importance in the care and treatment of all the patients, it amplifies and renders more exact the clinical work of the medical officers.

Seventy-seven patients were confined to bed for treatment of mental symptoms, bodily illness, senility, or infirmity. The nursing of these patients is capable and skilled. The attention given by the Medical Officers to the patients in the hospitals in particular, and generally throughout the Institution, fully maintains the high traditions of the past, and is most commendable.

There has not been any use of restraint or of seclusion in the treatment of the patients.

One patient escaped and was absent for one night before he was brought back.

The only serious accident to be noted, was a simple fracture of the left humerus, caused by the patient concerned slipping on wet pavement.

The large majority of the patients were found to be out of doors enjoying beneficial exercise in the open air, or engaging in some suitable or useful occupation.

The patients in the West House were, on one of the days of the visit, seen enjoying a good and sufficient dinner.

The sitting-rooms, dormitories, and sleeping accommodation of the whole Institution were all in excellent condition, and scrupulously clean. The material welfare of the patients received ample attention in all respects. The patients generally were free from excitement, and enjoyed good health.

The changes in the nursing staff are as follows: 28 attendants and 36 nurses were engaged, 22 attendants and 26 nurses resigned for other situations, and 7 attendants and 1 nurse were dismissed. Each department of the Institution is in charge of an assistant matron, who has, in addition to her mental training, the qualifications of a nurse who has passed through general hospital experience. This arrangement allows of active and efficient supervision of all the departments at all times, and is in the best interests of the patients.

The management continues to be most active and able, and is characterised by much courage and earnestness.

The statutory registers which were examined, were correct, and kept with neatness and care.

ROYAL EDINBURGH ASYLUM,
8th, 9th, and 10th December 1913.

There were 795 patients on the register of the asylum on the 8th instant, of whom 770 were detained under Sheriffs' orders, and 25 were voluntary inmates. Of the 770 certified inmates, 453 were private patients. Fourteen persons were absent on statutory probation, and 1 was absent on pass. With these exceptions all the patients on the register were seen during the visit.

One hundred and fourteen patients have been admitted, 64 have been discharged, and 34 have died since the asylum was last visited on the 17th June of this year.

The causes of death (including the causes of the deaths of 4 voluntary inmates) are as follows: General paralysis of the insane, 10 cases; disease of the heart and of arteries, 10 cases; senile decay and gross disease of the brain, 6 cases; and the following diseases in 1 case each: Pernicious anæmia, phthisis, enteritis, epilepsy, cancer, exhaustion from acute mania, pneumonia, and pulmonary embolism. *Post mortem* examinations were made in 17 instances.

Two of the deaths in the preceding list require special mention. A lady, an inmate of Craig House, labouring under acute melancholia with agitation was, with much benefit, treated by means of the wet pack on three separate occasions, at intervals of several days. After the third application of this treatment, when she was being taken out of the pack, she suddenly developed an attack of heart failure and died in a short time afterwards. On the 20th November last a gentleman patient impulsively jumped through a window before his attendant could prevent him, and fell a distance of 20 feet. He sustained a fracture of the collar-bone and of three ribs, but beyond general bruising there were no other external symptoms. He appeared to be making an uninterrupted recovery, when he suddenly died on the 6th instant from pulmonary embolism. The connection between his injuries and the immediate cause of his death is not clear, but they are probably related. Both deaths were duly reported to the proper authorities. The only other entry in the Register of Accidents refers to a compound fracture of the leg caused by an accidental fall.

Five patients escaped and were each absent for at least one night before being brought back. There has been no recourse to mechanical restraint or to seclusion in the treatment of any patient in the interval covered by this report.

Including the 15 patients absent on probation or on pass, there are 226 patients in Craig House and 569 in the West House, of which latter number 252 are private patients. There are therefore 478 private and 317 pauper patients in the asylum at present.

Ten patients asked for special interviews, which were given. They all considered themselves unnecessarily detained, but none of them made any complaint regarding treatment. With one exception, that of a lady whose mental disturbance had been brought on by alcohol and whose case is being specially considered, it was not thought advisable to interfere with the detention of any of these patients.

The information available from the records, from the Assistant Medical Officers, and from the nursing staff regarding the history, progress, and symptoms of all the patients, is one of the many features of the excellent medical management of the Institution, which embraces all details, however trivial, bearing upon the welfare, comfort, and treatment of the patients.

Among the many changes and alterations in the internal construction of the asylum, the renovation and reconstruction of the kitchen at the West House is the most important. The department has been beautifully tiled and fitted with the latest type of cooking apparatus, including a complete system of hot plates and hot chambers for keeping the food warm before it is served.

The quieter, more trustworthy, patients in the West House have been removed to the separate villas on each side (male and female respectively), the doors of which are open during the daytime. This permits these patients to

enjoy an increased degree of freedom, and a quieter and more agreeable mode of life. This commendable change has had the effect of setting free space on the ground floor of the main building which is to be used as additional hospitals, a form of accommodation which the increasing number of sick and infirm patients and the requirements of better classification render necessary.

It is learned with approval that the Managers have under their favourable consideration proposals for lighting the West House with electricity and for heating the wards and dormitories with hot water.

The official registers were examined and found to be carefully and accurately kept.

EDINBURGH DISTRICT ASYLUM,
26th and 27th June 1913.

With the exception of 1 man, who was absent on probation, the patients were seen, and each given an opportunity of making any desired statement. There were 827 patients on the register—of this number, 4 are patients of the private class. The number of patients shows an increase of 7 compared with the corresponding number on 17th October 1912, the date of the previous visit.

There have been 144 admissions, 45 discharges as recovered, 23 discharges as not recovered, and 68 deaths.

The following is the mode in which the discharges as not recovered took place: 13 were transferred to other asylums, 7 were boarded with private guardians, 1 was sent to England, 1 was removed to Ireland, and 1 was discharged to the care of relatives.

Twenty patients died from general paralysis of the insane, 15 of tubercular disease, chiefly of a pulmonary nature, 9 died of heart disease, 4 of general arterial sclerosis, 3 of chronic bronchitis, 3 of exhaustion from acute mental diseases, 3 of influenza, 2 of cerebral softening, 1 of apoplexy, 1 of cirrhosis of the liver, 1 of carcinoma of the stomach, 1 of carcinoma of the gall bladder, 1 of acute broncho-pneumonia, 1 of chronic interstitial nephritis, 1 of cellulitis of the face, 1 of carbuncle and septicæmia, and 1 of pernicious anæmia. In 46 instances, the cause of death was verified by *post mortem* examination. In 12 of the deaths, the patients were over 65 years of age. It may be pointed out that 54·4 per cent. of the deaths were the result of general paralysis of the insane and tubercular disease in some form or other. While our knowledge of the former affection has been much amplified of recent years, it is still regarded as an incurable condition in all but its very earliest stages. With respect to tuberculosis, the attention of the District Lunacy Board is earnestly directed to the recent Annual Report of the General Board of Lunacy, and to the remarks therein made regarding this particular subject. The loss of tone resulting from the nervous lesions occurring in all cases of mental disease, makes the patients unusually susceptible to the inroads of tuberculosis, and in this Institution the ravages of consumption cannot be adequately met until the infirmary patients have the same opportunities for open-air treatment as the hospital and sanatorium patients have at present.

The adequate training of the nursing staff receives much attention from the medical officers, and its practical effects are reflected in the excellent conditions in which the hospital and infirmary sections were found. The medical care of all the patients is of a high standard, and is abreast of the most modern scientific requirements. The conversion of the hospital verandahs into what are practically hospital wards is warmly commended. The proposed addition of lavatory accommodation to these verandahs will render them still more efficient.

There has not been any use of either restraint or seclusion.

Of the 7 patients who escaped and were absent for at least one night before being brought back, 6 broke their parole, and 1 escaped from a working squad.

There has been only 1 serious accident. A female patient sustained a Colles' fracture of the right arm by slipping on a dormitory floor.

The patients were found to be adequately and suitably employed—the men chiefly at garden and farm work, and the women at varied household duties.

The material comfort of the patients was well attended to in all parts of the Institution. This opinion was formed after seeing the patients at meals, and on a careful inspection of the several sitting-rooms and dormitories. The conditions of the patients at Middleton Hall and the Farm Home were ideal.

The administration of the whole Institution is conducted with careful and conscientious consideration of the individual needs and interests of each patient, and continues to merit high approval for its efficiency.

Fourteen nurses and attendants have been engaged to fill vacancies caused by resignations and the dismissals of 1 attendant and 1 nurse.

The medical and statutory books are kept with care and accuracy. On examination they were found to be written up to date.

EDINBURGH DISTRICT ASYLUM,
22nd and 23rd December 1913.

There were 835 patients on the register of the asylum on the 22nd instant. With the exception of 2 women, who were absent on pass, they were all resident and were seen in the course of the visit. Of the resident patients 1 man and 6 women were private patients.

Since the previous visit on the 26th June, 109 patients have been admitted, 59 have been discharged, of whom 42 had recovered, and 42 have died.

The deaths are registered as due to the following causes: general tuberculosis and pulmonary phthisis in 11 cases, general paralysis in 7 cases, heart disease in 6 cases, gross cerebral disease in 5 cases, pneumonia in 4 cases, exhaustion from acute mental diseases in 3 cases, epilepsy in 2 cases, and gastritis, ulceration of the intestine, bronchitis, and myxoedema in 1 case each. *Post mortem* examinations were made in 33 instances, or in 78 per cent. of the deaths.

Since the previous visit 6 patients have escaped and were each absent for at least one night before being brought back. There has been no recourse to the use of restraint or seclusion in the treatment of the patients, and no accident of a serious kind affecting either the patients or the officials has occurred.

The staff of ordinary nurses and attendants numbers 103 individuals, and the changes among them have been comparatively few. Nine nurses resigned voluntarily, and 1 was dismissed for absenting herself without leave. Two men and 12 women have been engaged.

It is recorded with approval that the District Board have, within the last two or three years, erected no less than twenty-two houses for married employees. Several of the newer houses were inspected. They are commodious, well-planned, and well-constructed, and are greatly appreciated by their occupants. There are now fifty such houses on the asylum estate, and their influence in securing permanency of service and a reliable staff of male employees is already becoming evident.

Of the 833 resident patients the large number of 422, or over 50 per cent. of the whole, are, for various reasons affecting their bodily or mental health, unable to engage in work, and are being treated in the medical or hospital section of the Institution. Of that number 189 are confined to bed, 34 are general paralytics, 66 are epileptics, and 32 suffer from acute phthisis. With regard to the latter affection Dr. Keay stated that most of the patients so affected were found to be suffering from phthisis at the time of their admission. The existing sanatorium is for female patients, and it is learned with approval that the District Board propose to erect a second sanatorium, for male patients who are tubercular. The systematic manner in which this large number of sick, helpless, and acutely insane patients are nursed and tended produced a very favourable impression. The nursing staff is large and competent, and the medical treatment is active and efficient. A similarly favourable account can be given of the care of the more able-bodied patients in the industrial sections of the Institution. Their employment in useful and healthy work receives due attention, as is evidenced by the fact that 182 men, or 45 per cent. of the male population, are regularly working on the farm and grounds. In these, and in other directions, the successful management of the Institution is largely contributed to by its particular structure and arrangements.

In the spring of next year this asylum will have been occupied for ten years. It is one of three Scottish asylums constructed on the village or segregate type. The main features of its construction were adopted from the more modern type of continental asylums, and adapted to the special requirements of Scottish lunacy administration. It would have been impossible to have introduced this form of asylum into Scotland were it not that, during the last fifty years, many important

improvements in the treatment of the insane have been gradually introduced. Among these improvements the following are the chief :—

(1) The acquisition by most of the Scottish asylums of comparatively large farms. The amount of land varies considerably, but in most asylums it approximates, on the average, to half an acre per patient. In some asylums it is much more ; for instance, this asylum with 900 beds possesses 960 acres. The possession of so much land made it easy to introduce two other reforms of great importance, viz.—

(2) The abolition of airing courts and (3) the open door system. With sufficient land for exercise, recreation, and work it was no longer necessary to exercise patients within walled airing courts, and for the same reason it was found desirable not to lock up, during the daytime, the more trustworthy and more sensible inmates.

(4) The next important reform was the extension of the hospital principle of treatment to all the inmates of asylums who required medical treatment or nursing for any cause. For this purpose the acutely insane, the infirm, and the sick were collected either into separate hospital buildings, or parts of existing buildings were utilised for the purpose and rigidly separated from the sections occupied by able-bodied patients.

(5) Following upon the adoption of the hospital principle a great extension took place in the practice of the nursing of male patients in hospital wards by female nurses, and there are now very few establishments for the insane in the country where this practice to a greater or less extent is not carried out.

(6) The next reform consisted in a great increase in the number of night nurses and attendants. In most of the larger Scottish asylums there is at present, on the average, 1 night nurse or attendant to every 30 or 40 patients. The result of this change has been exceedingly beneficial in modifying the conduct of restless and sleepless patients and of patients of faulty and destructive habits.

(7) As a sequence to the last-mentioned reform it has been found possible to largely abandon the use of single rooms for the isolation during the night of noisy and restless patients. In this asylum with 900 beds there are only 32 single rooms, and of these only 4 are locked during the night. The remainder are occupied by quiet working patients, who are allowed separate bedrooms as a privilege and as a reward for good conduct and usefulness. The use of single rooms for the seclusion of turbulent patients during the daytime has, for similar reasons, been almost wholly abandoned in the majority of Scottish asylums.

Without these reforms an asylum of this kind would scarcely have been possible. As it is, the system upon which it is constructed has undoubtedly proved beneficial to the patients confined in the asylum since its opening nearly ten years ago. The system marks an advance on the old "barrack" type of institution and an approximation towards the normal mode of life of human beings. It has been found by experience of its working to permit of a better classification of the inmates, of greater freedom to the patients, and of greater facilities for work and exercise in the open air. The fact that the cost of maintenance is at present slightly above the average is not due to the type of construction of the asylum, but is owing to the circumstance that while the administrative departments are constructed for an asylum of 1000 beds there are as yet only 835 inmates. On the other hand the difficulties of administration and supervision have not been found to be greater than in ordinary asylums, and accidents and escapes have not been more numerous.

The official registers were examined and found correct.

ELGIN DISTRICT ASYLUM,
30th January 1913.

The number of patients on the register is 151, as compared with 160 registered patients on 2nd July 1912, the date of the preceding visit. All the patients were seen and found generally in good health.

Twelve patients have been admitted, 5 have been discharged as recovered, 6 have been discharged not recovered (3 were transferred to other asylums, and 3 were sent to the care of relatives), and 10 have died.

The causes of death were as follows : 3 of heart disease, 2 of phthisis pulmonalis, 2 of nephritis, 1 of uræmic convulsions, 1 of Addison's disease, and 1 of organic brain disease. The deaths were all the result of natural causes, and their

cause was verified in 5 instances by *post mortem* examination. Four of the patients who died were over 65 years of age.

A severe epidemic of influenza has attacked a number of the patients, and it has undoubtedly been a factor in increasing the death-rate of the Institution.

Twelve patients were confined to bed for treatment of mental symptoms, bodily illness, and senility or infirmity. The patients in the hospitals were being carefully and intelligently nursed. The systematic training of the nursing staff by the Medical Officer continues with obvious benefit to the patients as a whole. It was learned during the visit that the District Board of Lunacy is considering the advisability of erecting a separate hospital for male patients. This will remedy the serious defect of the present hospital arrangements on the male side.

Thirty-six patients were found on parole either beyond or within the grounds. The numbers of men and women able to be employed were relatively large, and it was evident that every effort is made to provide suitable and beneficial occupation for the patients.

One patient was restrained on two occasions for surgical reasons. There has been no escape.

One woman sustained a Colles' fracture of the left wrist and partial dislocation of the left shoulder, as the result of falling consequent on being pushed by another patient.

The only change in the established service has been the resignation of 1 attendant for another situation. This is indicative of good conditions of service and tactful management.

The patients were given a good dinner of broth, stewed meat, potatoes, and bread, and were found most comfortable in their personal clothing and surroundings.

The whole Institution was found to be scrupulously clean, suitably heated, and adequately ventilated. The management, which is of a conscientious and capable kind, continues to merit confidence.

The case books are well kept, and much credit is due to the Medical Officer of the Institution.

The statutory books and registers were examined, and found to be regularly and correctly kept.

ELGIN DISTRICT ASYLUM,
25th June 1913.

There are 150 patients, 69 men and 81 women, in the asylum to-day. They were all seen in the course of the visit. Two men and 5 women are private patients.

Since the 30th January last, the date of the previous visit, 7 men and 5 women have been admitted, 3 men and 4 women have been discharged, and 3 men and 3 women have died.

The causes of death, which in two instances were verified by *post mortem* examination, are registered as cerebral haemorrhage, tubercular disease of the intestines, senile decay, epilepsy, heart disease, and phthisis, each in 1 case.

The Register of Accidents contains one entry referring to a fracture of a rib in a male patient, caused by falling on a staircase. There is one entry in the Register of Restraint and Seclusion referring to the seclusion of a female patient on one occasion, because of violent excitement. There have been no escapes.

The only changes in the nursing staff are the resignation of a male attendant, and the engagement of another to fill the vacancy.

Fifteen male patients and 1 female patient reside in the farmhouse of Bilboahall. These 16 patients, who are all farm workers, presented a most pleasing appearance. They were in robust physical health, contented, and apparently happy. This farmhouse affords ample and comfortable accommodation for patients.

Of the 134 patients in the main asylum, 54 are returned as being mentally or physically infirm and incapable of doing any work, and of these 1 man and 6 women were confined to bed. It is gratifying to be able to report that the District Board have prepared plans for the erection of a new hospital ward and verandah in connection with the male wards. This addition, which has for a long time been recognised as necessary, will prove of great benefit to the male patients.

The Institution is kept in good order and is evidently conscientiously and carefully managed.

The official registers are properly written up.

FIFE AND KINROSS DISTRICT ASYLUM,
29th May 1913.

With the exception of 1 man and 3 women who were absent on pass, the patients were individually seen and given an opportunity of making any desired statement. There were 650 patients on the register—a decrease of 10 compared with the number on the register on 24th October, when the previous visit was made.

Such statements as were made to me by patients had reference to the desires of certain individuals to be discharged, or to complaints incidental to certain forms of mental affections, such as persecution by unseen agencies. The statements thus referred to were carefully investigated, and it was noteworthy that there was not a single complaint against the administration of the Institution; on the contrary, there were many expressions of gratitude for the manner in which the welfare of the patients was attended to.

Eighty-eight patients have been admitted, 29 have been discharged as recovered, 27 have been discharged as not recovered, and 42 have died. Of the patients discharged as not recovered, 3 were transferred to other asylums, 7 were boarded with private guardians, 15 were handed over to the care of relatives, 1, having escaped and been absent for 28 days, had his name removed from the register, and 1 was removed to England.

The relatively large death-rate was caused mainly by deaths from senile infirmity. No less than 20 patients who died were over 65 years of age. A summary of the causes of death shows that 8 died of senile decay, 7 of heart disease, 5 of cerebral hæmorrhage, 5 of cerebral softening, 4 of exhaustion following acute mental disease, 4 of tubercular affections, 2 of general paralysis, 2 of epilepsy, 1 of organic brain disease, 1 of acute bronchitis, 1 of aortic aneurism, 1 of suppurative peritonitis, and 1 of intestinal strangulation. In 34 instances the cause of death was verified by *post mortem* examination. This is a large percentage of the total number of the deaths, and is in itself an indication of the thoroughness with which the medical work of the Institution is performed. There were, however, other indications to support this opinion—the care and attention given to the patients in the hospitals and generally throughout the Institution, the fulness and accuracy of the case records, and the training and efficiency of the nursing staff.

Ten patients were confined to bed for treatment of mental symptoms, 25 on account of bodily illness, and 4 through senility or infirmity.

The number of patients who have parole beyond or within the grounds is 77.

One patient required to be placed in seclusion on 3 occasions, and for a few hours at a time, by reason of dangerous excitement.

The number of escapes in which the patients concerned were absent for at least one night was 6.

Suitable and beneficial work occupied the energies of 375 patients.

Sixteen nurses and attendants have resigned from the established service and 3 have been dismissed.

On the day of the visit a substantial and appetising dinner was seen to be served in an orderly manner.

The sitting-rooms and dormitories were bright, clean, and in excellent order, while the arrangements for the comfort of the patients as regards clothing, bedding, etc., were most suitable.

On the 29th April fire broke out in gallery 5 of the male division of the main building. The fire was soon extinguished by the Institution brigade. It is worthy of notice that some 50 patients in one of the dormitories adjacent to the gallery were transferred to safer quarters by the fire-escape staircase connecting the dormitory with the Recreation Hall, and this staircase was erected recently by the District Board on the suggestion of the General Board. Had this staircase not been available, the patients would have required to have been brought out through the site of the fire at much risk to their safety. The alternative mode of exit also allowed the attention of the fire brigade to be concentrated on the extinction of the fire.

The extensive additions to the Institution have been begun: the stone for the buildings is obtained from a quarry in the Institution grounds and is of similar quality to that of the older buildings.

The new store is practically completed. It is a substantial building and well adapted to the special requirements of the Institution.

The general management of the asylum continues to be active and most efficient in every direction.

The statutory registers were examined and found to be correctly kept.

FIFE AND KINROSS DISTRICT ASYLUM,
24th and 25th October 1913.

This Asylum was last visited on the 28th May, when there were 650 patients on the register—316 males and 334 females. Eleven of the females were private patients. Since then 25 male and 28 female patients have been admitted, 11 male and 13 female patients have been discharged recovered, 13 male and 12 female patients discharged unrecovered, and 8 male and 16 female patients have died. The result of these changes is a reduction of 20 on the number on the register, which is now 630, of whom 309 are males and 321 females. They were all seen in the course of a two days' visit, with the exception of 1 male and 1 female patient who were absent on pass.

Of the patients discharged unrecovered, 13 went to the care of friends and ceased to be chargeable to the rates, 3 were boarded out with stranger guardians, 7 were transferred to other asylums, 1 was sent to Ireland, and 1 escaped, and, evading capture for 28 days, his name was removed from the register.

The deaths are registered as due to the following causes: brain degeneration or softening in 5 cases; general paralysis in 3 cases; in 2 cases each to cerebral hæmorrhage, exhaustion from acute melancholia, ischio rectal abscess, and heart disease; and in 1 case each to phthisis pulmonalis, tuberculous disease of the mesenteric glands, epilepsy (with phthisis), septic pneumonia, chronic bronchitis, peripheral neuritis, arterio sclerosis with nephritis, and cirrhosis of the liver. The cause of death was verified in all but 3 cases by *post mortem* examination.

It is gratifying to report that there has been no accident and no resort to restraint or seclusion during the period under review.

Four patients escaped and were absent for at least one night before being brought back. In 1 case—already referred to—the escape was permanent.

Six patients were being treated in bed for mental symptoms, 27 for bodily illness, and 11 for senility or infirmity. There are 9 cases of general paralysis and 8 cases of active pulmonary phthisis under treatment at present. The sick-rooms were bright and airy and scrupulously clean, and it was evident that the medical care and nursing were of a high standard, and that everything is being done to promote the recovery and the comfort of the patients.

Twenty-eight patients have parole beyond the grounds, and 42 within the grounds.

Three hundred and seventy patients were employed at useful work, 64 men were working in the fields, and 6 at various trades under the direction of the artisan attendants. Forty women were employed in the kitchen and laundry.

One hundred and two were unemployed on account of mental, and 135 on account of bodily, disability.

The staff of attendants and nurses is well kept up. There are 28 male attendants and 5 nurses on day duty on the male side, and 32 nurses on the female side. Five male attendants and 7 nurses are on night duty. Thirteen attendants resigned, and 3 were dismissed as unsuitable; 14 have been engaged, and 16 have passed from the probationary to the established class.

The house was found in excellent order. The day-rooms and dormitories were clean, well-heated and ventilated and very comfortable. The patients were quiet and orderly with the exception of a few in one of the female day-rooms, where there was a good deal of noise. Any complaints that were made were on the ground of detention, and none of those making them were fit for discharge. The relations between the patients and the staff appeared to be very cordial.

Dinner was seen on the first day of the visit in the dining-hall of the west wing. It consisted of broth, fresh fish, potatoes, and bread, and was a well-cooked, palatable meal. On the second day, dinner was seen in the main dining hall, and consisted of soup, bread, and suet pudding with fruit. It seemed to be a popular meal.

The difficulty of getting sufficient pressure of water at the hydrants in case of fire has for a long time caused much anxiety. It is believed the difficulty will be met by bringing a pipe off the main for hydrants alone, and it is learned with much satisfaction that contracts for this work have now been accepted.

The building of the new blocks is making satisfactory progress. The greater part of the building on the female side is already roofed in, and the walls on the male side are well up. These blocks will provide additional day-room accommodation on each side for 75 patients, and sleeping accommodation for 42. This

large day-room space will, when completed, set free some of the day-room space in the hospital block, and this space will be used as a sanatorium with verandahs attached, an improvement in the hospital accommodation which is much required. The store building is completed, with the exception of the heating and lighting arrangements, and it is commodious and in every way suitable. A small separate fireproof store has been built for storing inflammable goods.

Everything seen during the visit left a favourable impression, and confirms the high opinion which has formerly been expressed of the efficiency of the management.

The books and registers were examined and found correct.

GLASGOW ROYAL ASYLUM,
3rd and 4th June 1913.

There were 462 patients on the register of the asylum on the 3rd instant. Of these, 426 were certified, and 36 were voluntary inmates. This shows an increase of 8 patients since 30th October 1912, the date of the previous visit. In the interval since then 71 patients have been admitted, 51 have been discharged, and 12 have died.

Of those discharged 16 had recovered, 12 were voluntary patients—who had either left recovered or had been certified—and 23 were unrecovered and discharged either to the care of their friends or transferred to other asylums. The assigned causes of the 12 deaths, which in 10 instances were verified by *post-mortem* examinations, were as follows: Senile decay in 3 cases, intestinal disease, pneumonia, and gross brain disease, each in 2 cases, and phthisis, pleurisy, and epilepsy in 1 case each.

The Register of Restraint and Seclusion contains 2 entries, referring to the seclusion of 2 female patients, each on one occasion, and for periods not exceeding 2 hours in each case. The reason for resorting to Seclusion is given as "maniacal excitement with violence." One patient escaped, and was absent for at least one night before being brought back. There are no entries in the Register of Accidents.

No less a number than 257 patients, or about 55 per cent. of the population, were employed in work of more or less congenial or useful kind. The employment of the male patients at outdoor work, principally gardening, is specially commended, and it was observed that no less than 50 of them were so occupied at the time of the visit. Omitting those who are not expected or called upon to do any work, a large proportion of the inmates are either mentally unfit for occupation of any kind, or are physically unable to engage in it. Of the latter classes 62 were confined to bed at the time of the visit. It was observed that a large number of these were being treated in bed in the open air, and, it is understood, with great benefit as regards their mental symptoms.

A very favourable and pleasing impression was formed as the result of the two days' inspection. The patients as a whole were quiet and orderly, and no rational complaints were received with regard to their treatment in the Institution. Several patients who asked for private interviews were accorded them, but only in the case of one gentleman was there any difficulty experienced in deciding that they were properly detained. The history of this gentleman's case, together with various facts admitted by himself, constitute a strong presumptive evidence that he is insane. As he has only been about a month in the asylum, he was advised to remain for some time longer, for the sake of the rest and quiet which he requires, and to this course he agreed.

The Directors are constantly engaged in reconstructing the Institution in its various departments, with the object of making it more efficient in dealing with the improvements which are being introduced in connection with the treatment of the insane. The work at present going on consists of the formation of a home for nurses in the West House, and of extensions and improvements in the kitchen of the East House.

The increasing number of patients, the careful medical attention which is devoted to each patient, and the satisfactory state of the Institution generally, point to Dr. Oswald's successful administration.

The official registers were examined and found correct.

GLASGOW ROYAL ASYLUM,
11th December 1913.

Since the previous visit of 3rd June 1913, the number of patients on the register has decreased by 9—the present number is 417. The patients were individually seen, with the exception of 1 lady who was absent on probation.

The number of voluntary inmates, which is at present 32, continues to be relatively large. This is an evidence of the repute which the Institution enjoys for the care and treatment of mental maladies.

Forty-six patients have been admitted, 24 have been discharged as recovered, 16 have been discharged as not recovered, and 15 have died. The recovery rate, calculated on the rate of admissions, is 52·1 per cent. This is a high percentage, and fully 12 per cent. above the average recovery rate of Scottish Institutions.

The causes of death may be classified as follows: 4 died of heart disease, 4 of general paralysis of the insane, 2 of senile decay, 1 of pulmonary tuberculosis, 1 of chronic nephritis, 1 of biliary calculus and perforation of the gall bladder, 1 of chronic cholecystitis, and 1 of exhaustion from acute mental disease. Two voluntary inmates died from organic brain disease and from general paralysis of the insane respectively. In 11 instances the cause of death was verified by *post mortem* examination. The deaths were due entirely to natural causes.

There has not been any use of either restraint or seclusion in the treatment of the patients, and there have been no escapes.

Fifty-three patients were confined to bed for treatment of mental symptoms, bodily illness, and senility or infirmity. Those patients were all skilfully nursed, and their circumstances were all that could be desired. The medical care of the patients in the hospitals, as it is throughout the Institution, was characterised by a minute knowledge of the individual wants and requirements of the several patients, and is of the highest order, and in accordance with the most modern methods.

There have been no serious accidents.

The patients were employed to the utmost extent in varied useful work, and with marked benefit to themselves.

Several patients were given interviews. They all desired to be discharged, but their several mental states were such that in no single case could such a desire be acceded to.

The patients generally were enjoying good health. There was a marked absence of noise and excitement, and their material wants were amply looked after.

Special accommodation has been provided for the nurses in the East House. This has been attained by alterations on a day-room dormitory on the gentlemen's side of the West House. These alterations have given to the nurses in question what is practically a nurses' Home, and the Directors are to be congratulated on their thoughtfulness in making this excellent provision for nurses.

Minor alterations have been carried out in connection with the kitchen.

All parts of the Institution were carefully inspected, and found in their usual good order.

The management is eminently progressive, and distinguished by a conscientious and ably directed zeal for the welfare of the individual patients.

The medical case books were well kept, and the statutory registers, on examination, were found to be correctly kept.

GLASGOW DISTRICT ASYLUM, GARTLOCH,
5th and 6th June 1913.

At the date of the previous visit on 27th September 1912, there were 792 patients on the register, which only left 18 vacant beds in the Institution. Since then 39 patients have been boarded out by special arrangement in other Scottish asylums, and 24 epileptics have been removed from the roll of registered lunatics and placed in the new Epileptic Colony recently erected by the Glasgow Parish Council. The removal of these 63 patients afforded relief to the accommodation of the asylum, which threatened to become overcrowded.

At this date there are 757 patients on the register—391 men and 366 women—which leaves a spare margin of 38 vacant beds—31 on the male side, and 7 on the female side. It is evident, in view of the increasing number of admissions, that this comparatively small number of vacant beds calls for the urgent consideration of the District Board.

Since the previous visit 160 patients have been admitted, 125 have been discharged, of whom 57 have recovered, and 70 have died.

The deaths, which in 44 instances, or the creditable proportion of 63 per cent., were verified by *post mortem* examination, were assigned to the following causes: general paralysis in 15 cases, heart disease in 13 cases, phthisis in 12 cases, gross disease of the brain in 12 cases, pneumonia in 7 cases, senile decay in 3 cases, tuberculosis—not of the lungs—in 3 cases, exhaustion from acute mental disease in 2 cases, and to cancer, diabetes, and suicide by drowning in 1 case each.

In the case of suicide by drowning the patient—a male—was permitted, through the negligence of two attendants, to escape through a window. His body was afterwards found in the loch near the asylum. The incident was reported at once to the proper authorities, and the two attendants responsible for the patient's escape were dismissed. In addition to the death referred to, the Register of Accidents contains 7 entries, namely, 3 fractures of the humerus, 2 fractures of both bones of the leg, a fracture of the condyle of the humerus, all of which were caused by falls for which those in charge of the patients were not to blame. The remaining entry refers to a slight injury sustained by a male patient who works on the farm as the result of being gored by a bull. The patient made a marvellous escape.

The Register of Attendants and Nurses shows that 51 persons entered probationary service, that 19 resigned from it, and that 3 were dismissed. Twenty-four persons were transferred from the probationary to the established service, 27 persons resigned from that service, and 1 was dismissed. The dismissal of two attendants has already been referred to; the other two were dismissed for causes not directly affecting the welfare of the patients.

The Register of Restraint and Seclusion contains 2 entries referring to the seclusion of 2 female patients on one occasion each and for a few minutes on each occasion; the reason for seclusion is stated to have been maniacal excitement. One patient escaped and was absent for at least one night before being brought back.

Four hundred and seventy-seven patients were working at the time of the visit and, including 23 patients who are returned as refusing to work, 279 were for various reasons, mental and physical, incapable of employment. Of the latter number 70 were confined to bed, and of these more than 50 per cent. were being treated in bed in the open air on the extensive verandah accommodation which this asylum possesses. It was estimated that at the time of the visit about 240 patients out of the 280 who are incapable of employment were occupying verandahs and obtaining the benefit of fresh air. As a preventative of such diseases as phthisis, and as a means of allaying mental excitement and of improving bodily nutrition, this extensive use of verandahs cannot be too highly valued. It speaks highly for the medical administration of the Institution and for the enlightenment of the District Board that this useful means of treatment has been so extensively instituted.

The asylum was found in admirable order, clean, bright, and well-ventilated. The patients were quiet, contented, and free from complaints of any kind. Only one patient—a male—complained of ill-treatment. His complaints were carefully investigated both in the asylum records and by examining the officials and attendants, and the conclusion was come to that they were the result of delusions of suspicion. The dinner on the first day of the visit was seen being partaken of by the patients, and was found to be well cooked, palatable, and liberal in quantity.

The official registers were examined and found correct.

GLASGOW DISTRICT ASYLUM, GARTLOCH,
11th and 12th November 1913.

With the exception of 1 man absent on probation, the patients, to the number of 768, were individually seen and given an opportunity of making any desired

statement. None of the patients asked for an interview and there were few complaints. Such complaints as were made were inquired into and were found to be based on painful delusions under which the several patients complaining laboured.

Compared with the number of patients on the register at the previous visit of 5th June 1913, there has been an increase of 11, of whom 6 were men and 5 women.

One hundred and thirteen patients have been admitted, 50 have been discharged as recovered, 28 have been discharged as not recovered, and 24 have died.

Of the patients discharged as not recovered, 16 were handed over to the care of friends, 4 were boarded out with private guardians, 1, having escaped and been absent for the statutory period of 28 days, had his name removed from the register, and 7 were transferred to other institutions.

Seven patients died of cardiac disease, 4 of general paralysis of the insane, 3 of carcinoma of the uterus, 3 of senile decay, 2 of chronic bronchitis, 1 of organic brain disease, 1 of scirrhus of the breast, 1 of pneumonia, 1 of syphilis of the liver, and 1 of senile gangrene.

The death-rate is comparatively low. The deaths were all the result of natural causes and in 18 instances were verified by *post mortem* examination.

The care and treatment of the patients continues to be of a high order, and towards this end the valuable work done in the laboratory by the Medical Officers is of great importance.

There has not been any use of either restraint or seclusion.

There have been 4 escapes, in which the patients were absent for at least one night. Three of the patients were brought back to the Institution. The fourth patient was discharged from the register, as above noted.

There were 2 entries in the Register of Accidents. One patient slipped, and, falling, sustained a Colles' fracture of the left wrist. The other patient met with a simple fracture of both bones of the right leg by falling in a fit.

The patients were adequately and beneficially employed in large numbers. The pond which has been made as the result of the labours of the male patients, will be of much use in the event of fire, and in winter when it is frozen will add to the entertainment of many of the patients as a curling pond.

The changes in the nursing staff on the Established Register have been gratifyingly few in number.

The Institution has been visited by the Inspector of Factories, who has made several recommendations for the greater protection of the patients and staff working near machinery. The recommendations in question have been partially carried out by the District Board.

A large amount of repainting has been done throughout the Institution. The dormitories were in good order, and the beds and bedding well attended to. The day-rooms were bright, well ventilated, and scrupulously clean, and the wants of the patients as regards food and clothing were amply looked after.

The administration of the Institution is carried on with much zeal and efficiency.

The case books and medical records are well kept, and the condition of each patient is the object of study and solicitude on the part of the medical staff.

The statutory registers were examined. They are neatly and accurately kept.

GLASGOW DISTRICT ASYLUM, WOODILEE,
15th and 16th May 1913.

There were 1065 patients, 543 men and 522 women, on the register of the asylum on the 15th instant. Since the previous visit on 17th October 1912, 151 patients have been admitted, 74 have been discharged recovered, 90 have been discharged unrecovered, and 67 have died. The numbers discharged from all causes have greatly exceeded the admissions, which is due to the fact that owing to the readily increasing number of resident patients it was found necessary to board out 31 patients in other asylums. All patients were resident and were seen in the course of the visit.

The following are the recorded causes of death which, in 49 instances or in the

creditable proportion of 73 per cent., were verified by *post-mortem* examination: organic brain disease accompanied or not by senile decay, 25 cases; general paralysis, 8 cases; phthisis, 7 cases; colitis, 5 cases; cancer, epilepsy, and kidney disease, 4 cases each; heart disease, 2 cases; and in 1 case to each of the following diseases—gangrene, general tuberculosis, peritonitis, enteritis, chorea, exhaustion from acute mental disease, intestinal obstruction, and pneumonia.

It is observed with regret that 5 cases have died from colitis. Another epidemic of this unfortunate disease broke out in the asylum early in January of this year, and 30 of the patients on the female side were attacked by it. At the time of the visit 18 patients were suffering from it, and they were being treated in the female hospital where the conditions for isolation did not appear to be adequate. This disease is readily communicable from one patient to another, and there is every reason to fear that the patients in this asylum will in the future be liable to epidemics of it. Not only so, but there is a danger that this asylum may become the means, through the process of transferring patients, of infecting the other asylums in Scotland, where the disease has not hitherto appeared. It is, therefore, strongly recommended that the District Board should take means for arresting any future extension of the malady. In a previous report it was pointed out that the erection of an isolation hospital is urgently needed. This view is concurred in and will probably be found to be necessary, but in the meantime it seems desirable that the District Board should obtain special advice on the subject of the present disease, and as to the best way of combating it.

The Register of Restraint and Seclusion contains 30 entries referring to the seclusion of one woman on account of violent and dangerous excitement. Seven patients escaped and were each absent for at least one night before being brought back. The Register of Accidents contains four entries. A male patient sustained a fracture of the toe through a heavy object falling on his foot. A female patient fractured the patella by accidentally slipping and falling. A female patient sustained a fracture of the femur during the convulsions of an epileptic fit, and a female patient died as the result of drinking a quantity of bees-wax and turpentine. In the latter case, which was duly inquired into by the proper authorities, there was, no doubt, culpable negligence on the part of the nurses in charge, but as it appeared to arise from misunderstanding rather than from carelessness, it was found difficult to assign blame.

Since the previous visit 26 persons have entered probationary service as nurses or attendants. Of these 7 have since resigned, and 14 have been transferred to the Established list. Of those on the Established list 20 resigned and 2 were dismissed for reasons not directly affecting the welfare of the patients.

The dinners provided for the patients on the two days of the visit were seen being partaken of and were found to be in all respects satisfactory meals. The condition of the patients as a whole attracted favourable attention and, notwithstanding the large number resident, there was nothing to indicate that they lacked the individual care and attention which is so necessary for the comfort and happiness of the insane.

An epidemic of scarlet fever occurred recently, affecting 8 of the female patients. It was fortunately a mild type of the disease, and all the patients are convalescent.

The asylum and all its annexes were found in the best possible order, and commendably clean and bright. The new emergency exits from the recreation-hall, which connect the male and female dormitories respectively with the hall, have now been completed. They not only afford alternative exits, but have proved of great convenience as ordinary means of access to the hall.

The lavatories throughout the main asylum have been greatly improved by the erection of partitions and doors. The lighting of the main corridor on the staircase leading to Divisions 5 and 6 has been greatly improved by the construction there of a new roof-light.

The official registers were examined and found correct.

GLASGOW DISTRICT ASYLUM, WOODILEE,
13*th November* 1913.

There were 1094 patients on the register and resident; all were seen and individually given an opportunity of making any statements they desired to

make. Two patients only asked for an interview, which was given to them. One of the patients in question has been frequently interviewed, and his career is so well known and so dangerous to the lieges that no suggestion could be entertained for his liberation. The other patient complained of unseen agencies doing him injury, and was obviously insane and properly detained. In general there was an absence of noise and excitement, and many evidences that the relations between the staff and the patients are of a friendly description. The general health of the patients was good.

There has been an increase of 29 in the number of patients since the Institution was previously visited on 15th May 1913. One hundred and fifty-five patients have been admitted, 38 have been discharged as recovered, 28 have been discharged not recovered, and 60 have died.

The following is the manner in which the patients discharged as not recovered were dealt with: 8 were sent to the care of relatives, 7 were boarded with private guardians, 2 were removed to Ireland, 6 were discharged on the expiry of prison warrants, and 5 were transferred to other institutions.

The deaths were the result of natural causes and may be summed up as follows: 11 died of senile decay, 10 of mucous colitis, 9 of general paralysis of the insane, 8 of tubercular diseases, 3 of exhaustion from acute mental disease, 3 of cerebral hæmorrhage, 2 of lobar pneumonia, 2 of septicæmia, 2 of chronic nephritis, 1 of cardiac disease, 1 of epilepsy, 1 of cerebral softening, 1 of bronchopneumonia, 1 of chronic bronchitis, 1 of carcinoma of the testis, 1 of gastric ulcer and hæmatemesis, 1 of sarcoma of the mediastinum, 1 of aneurism, and 1 of syphilis and delirium. The causes of death were verified in 45 instances by means of *post mortem* examinations. It may be noted that in 10 of the deaths mucous colitis was the cause. This condition is commonly known as "asylum dysentery." The presence of this affection in the Institution has been adverted to in previous reports, and various suggestions have been made for the consideration of the District Board. The manner in which the medical staff, and, under its guidance, the nursing staff, have carried out the onerous and anxious duties which this epidemic has exacted, is most commendable. It may be stated that nothing has been left undone which will conduce to a complete knowledge of the causation of the illness and the remedies for combating it. In this connection the District Board have called in the services of Professor Muir of the Glasgow University, who reports that in the first place those suffering or suspected to be suffering from the disease ought to be isolated, and, secondly, a bacteriological inquiry ought to be made as to the cause of the disease. Patients suspected as a source of infection and those suffering from colitis are being nursed and treated in the two upper wards of the Reception House. The patients formerly in these wards will be accommodated in the hospital, where one of the wards is to be made more efficient for nursing purposes by the additions of a bathroom and lavatory. A disinfecting chamber is also to be erected. Bacteriological investigations are being actively prosecuted, and the results so far seem to point to the origin of the disease as microbic and complicated by the peculiarity that the microbe shows—like the typhoid bacillus—a persistency in remaining potent in individuals after symptoms of the disease have passed away, thus causing these individuals to be sources of infection.

The number of entries in the Register of Restraint and Seclusion was 2. These referred to the seclusion of 1 patient, for a few hours at a time, on account of dangerous tendencies and excitement.

Six patients have escaped and been absent for at least one night before being brought back.

There have been two serious accidents. A female patient sustained a fracture of the lower third of the right ulna in attempting to get out of bed. Another female patient was found to be suffering from a fracture of the third rib (right), a condition which apparently occurred previous to her admission.

The patients were found to be sufficiently employed at varied occupations—all of a nature tending to their benefit and happiness.

In their personal clothing and general care the patients showed ample evidence of adequate attention.

The Institution throughout was in excellent order and cleanliness.

Nineteen nurses and attendants have been engaged on the staff of the Established Register to fill vacancies caused by resignations and the dismissal of 1 attendant.

The difficult and anxious duties of management are carried out with much thought and care, and are most efficiently performed.

The case books are well kept, and the medical work continues to be of a high order and value. The statutory registers were examined and found to be correct.

GOVAN DISTRICT ASYLUM,
23rd and 24th April 1913.

The total number of patients on the register at the date of the visit was 649, giving a decrease of 11 since the previous visit of 14th October 1912. Of the 649 on the register, 1 was absent on probation and 3 were absent on pass, leaving 645 in residence, all of whom were seen.

The following changes have occurred since the date of last entry: One hundred and thirty-two have been admitted, 44 have been discharged as recovered, 42 have been discharged as not recovered, and 57 have died.

With regard to those discharged not recovered, 3 male and 4 female patients have been discharged to the lunatic wards of Govan Poorhouse, 8 male and 5 female patients have been transferred to other asylums, 1 male and 2 female patients have been removed to Ireland, whilst 14 patients, equally divided as to sex, have been boarded out with strangers in the country, and 5 male patients have been sent to the care of relatives or friends.

All deaths were due to natural causes with the exception of the case of a male patient who died from concussion of the brain following an injury sustained prior to admission.

The assigned causes of death were as follows: In 10 cases death was due to general paralysis, 1 being due to alcoholic paralysis; in 8 to cerebral hæmorrhage, cerebral congestion, or cerebral thrombosis; in 6 death was due to exhaustion following acute psychosis; and in 1 each to organic brain disease, epilepsy, and status epilepticus, giving a total of 27 deaths from neuro-cerebral diseases—including the death from cerebral concussion already mentioned—or over 47 per cent. of the total deaths. General paralysis alone accounted for over 17 per cent. of the total deaths. In 4 cases death was due to heart disease, in 1 to pulmonary congestion, and in 1 to chronic bronchitis; in 1 each to acute gastritis, acute Bright's disease, and ischio-rectal abscess; whilst of the general diseases 9 died from senile decay, 5 from pulmonary consumption, 4 from influenza, and 2 from septicæmia, giving, with 1 death from tubercular enteritis, 6 deaths, or 10·5 per cent. of the total deaths, from tubercular diseases. The causes of death were verified by *post-mortem* examinations in 24 instances, or in only 42·1 per cent.

Eighty-six patients were confined to bed in the hospital, and of this number 35 were so confined on account of their mental condition, 31 for treatment of various bodily illnesses, and 20 because of senile infirmity. The arrangements made for the treatment of the sick were found very satisfactory, the scrupulous cleanliness, order, and quiet of the wards attracting favourable comment as much as the many evidences of the skilful and individual treatment of the patients.

Since the last visit 6 persons have been restrained for short periods, and 1 secluded on account of dangerous proclivities; but no serious accident has had to be recorded—a fact which reflects great credit on the attendant staff—and, with 1 exception, there have been no escapes. The exception was that of a male patient who, being allowed parole beyond the grounds, for the avowed purpose of attending a religious service, succeeded in evading the supervision of the attendant who followed him at a little distance in order to avoid public notice, and managed to make his way over the Border, but was eventually brought back to the asylum.

The large number of patients (411) found suitably employed was, as on former occasions, a matter of favourable comment.

The staff of nurses and attendants numbers 91, of whom 68 are on day duty and 23 on night duty. The proportion of day attendants and nurses to patients is 1 to 9·5, and that of night attendants and nurses to patients 1 to 28·2. Twelve persons entered and 7 resigned the probationary service, 9 were transferred from the probationary to the established service, 9 were engaged direct into the established service, 21 resigned, and 1 was dismissed, the last mentioned because of alcoholic intemperance.

The general condition of the patients at the visit was highly satisfactory, and notwithstanding that the installation of electric lighting was in progress throughout the Institution, good order and an entire absence of noise and confusion were everywhere marked.

The dinner, which consisted of broth, meat, and potatoes on the first day of the visit, was ample, palatable, and well served, and gave general satisfaction.

Such patients as requested were given private interviews. The request in each case was for discharge, in one case coupled with a complaint that he had been deprived of attending Mass. In no case was it considered advisable to recommend discharge, and, with regard to the complaint mentioned, it was found and admitted by the patient that he had every opportunity of attending Mass at the asylum chapel, of which, however, he declined to avail himself, for reasons connected with his mental state. In every respect other than their detention in the asylum, the patients expressed their satisfaction with their care and treatment.

The case books and statutory registers were examined and found correct.

GOVAN DISTRICT ASYLUM,
7th November 1913.

The Institution was visited on 23rd April 1913. Since then, 164 patients have been admitted, 47 have been discharged as recovered, 37 have been discharged as not recovered, and 63 have died. The number of patients on the register was 666—this represents an increase of 17 during the period under review. With the exception of 1 man absent on probation, and 1 man absent on pass, the patients were individually seen.

There was a general and marked absence of noise and excitement among the patients, and the few complaints made had reference to desires for discharge. Owing to the mental states of the several patients, such desires could not be entertained.

Of the patients discharged as unrecovered, 4 were removed to the lunatic wards of the poorhouse, 23 were transferred to other asylums, 3 were sent to Ireland, and 7 were handed over to the care of relatives.

The causes of death may be classified as follows : 13 died of general paralysis of the insane, 9 of senile decay, 8 of heart disease, 6 of tubercular affections, 5 of exhaustion from acute mental disease, 4 of cerebral haemorrhage, 3 of pneumonia, 3 of epilepsy, 2 of cerebral softening, 2 of organic brain disease, 1 of peritonitis, 1 of carcinoma of the colon, 1 of epithelioma of the face, 1 of carbuncle of the neck, 1 of acute intestinal obstruction, 1 of chronic cystitis, 1 of acute appendicitis, and 1 was found drowned while absent from the Institution on pass. The causes of death were verified in thirty-one instances by means of *post mortem* examination. The death by drowning occurred in the case of a female patient, who was absent from the asylum on pass. The circumstances were as usual the subject of inquiry by the Procurator-Fiscal.

The number of entries in the Register of Restraint and Seclusion was 19. These referred to the restraint of 9 persons, and the seclusion of 1 on account of dangerous and impulsive tendencies.

One patient escaped and was absent for at least one night before being brought back.

The patients were employed, to as large an extent as possible, at varied useful occupations, and the benefits of this employment were reflected in the good health prevailing throughout the establishment.

All parts of the Institution were found in excellent order. The dormitories and day-rooms are gradually being repainted, and in those parts where the painting was completed, it was noticed that it had been economically and tastefully executed.

The comfort of the patients in their persons and surroundings was beyond comment.

The nursing staff is maintained at an adequate strength. Nineteen nurses and attendants have been engaged on the Established Register to fill vacancies caused wholly by resignations.

It was learned with much regret that Dr. Watson, the Medical Superintendent, had availed himself of the provisions of the Asylums Officers' Super-

annuation Act, and was retiring at the end of the month. The position that the Institution has attained, ranking as it does in the forefront of Scottish asylums, is largely due to Dr. Watson's wide experience and conscientious devotion to duty.

The medical case books are kept with much care, and the statutory registers on examination were found to be correctly and neatly kept.

HADDINGTON DISTRICT ASYLUM,
9th April 1913.

There are 185 patients on the register to-day—an increase of 32 compared with the corresponding number of 6th September 1912, the date of the previous visit. This increase is wholly accounted for by the admission of patients chargeable to the Parish of Glasgow, where the available accommodation is at present insufficient for the needs of the parish.

Fifty-seven patients have been admitted, 10 have been discharged as recovered, 3 have been discharged as not recovered, and 11 have died. Of the patients discharged as not recovered, 1 was handed over to friends, 1 was transferred to another asylum, and 1 was removed to Ireland.

The deaths were due in 2 cases to heart disease, in 2 to pulmonary tuberculosis, in 2 to senile decay, in 1 to broncho-pneumonia, in 1 to lobar-pneumonia, in 1 to cerebral hæmorrhage, in 1 to general debility, and in 1 to suicide by drowning. The causes of death were natural, with one exception. This referred to the case of a female patient who was found drowned. She had been regarded as sufficiently well mentally to be liberated on pass, and it was during her residence outwith the Institution that she committed the deed. The circumstances of the drowning were the subjects of inquiry by the Procurator-Fiscal and the General Board of Lunacy. The cause of death was verified in 8 instances by *post-mortem* examinations.

In addition to the accident already referred to, a female patient was pushed by a fellow patient and, falling, sustained a fracture of the left femur.

There has been no use of either restraint or seclusion, and there has not been any escape.

The patients generally were quiet and contented, and it was apparent that their medical care and treatment are of an excellent description. The nursing of the sick in the hospitals is in accordance with modern methods and requirements. The observations with respect to hospital care can be applied to the conditions of each patient throughout the Institution.

The personal clothing of all the patients was neat, clean, and sufficient, and the state of the day-rooms and dormitories left nothing to be desired so far as the comfort and health of their occupants were concerned.

A good dinner of lentil soup, bread and Irish stew was given to the patients. It was well served, most palatable, and appetising.

The complaints made were very few, and referred solely to the question of undue detention. The grounds of these complaints were carefully investigated, but the mental conditions of the patients concerned were such as to prevent their requests being acceded to.

The repainting of the walls of the corridors, day-rooms, and dormitories, has been commenced. This work is much needed, and it is expected to be overtaken by the patients and staff of the Institution.

The adequate and suitable employment of the patients is well looked after, and is attended with beneficial results to those so occupied.

The Superintendent, Mr. Macrae, has retired on a pension, and the general management of the asylum has been carried on by the Matron with such good results as to suggest to the District Board that it would be of advantage in the interests of the patients and on the grounds of economy to consider seriously the question of placing the management permanently in the hands of a Matron. In recent years it has been the practice throughout asylums to employ nurses to take charge of the hospitals for male patients, and the standard of nursing of mental cases has thereby been raised to a high level. As the essential work in an asylum is the care and treatment of the patients, it is fit and proper that in the larger institutions a medical man should be at the head of affairs, and in the smaller asylums, such as Haddington, a Matron who has qualified as a trained nurse and housekeeper would seem pre-eminently fitted to be in charge. There

is no asylum in Scotland where a Matron acts as Superintendent, but there are a number of successful examples to be found in general and special hospitals.

Six nurses and attendants have been engaged to fill vacancies caused by resignation.

The medical case books are well kept, and the statutory registers were, on examination, found to be correct.

It may be of interest to note that one of the women patients is over one hundred years of age. She is able to be up out of bed for a good part of the day, and is apparently in the enjoyment of good health.

HADDINGTON DISTRICT ASYLUM,
22nd October 1913.

At the date of last visit—9th April—there were 185 names on the register, of which 3 male and 6 female were of private, and 80 male and 96 female were of pauper, patients. Since then the following changes have taken place: 23 patients have been admitted, of whom 1 is a female private patient, and 6 males and 16 females are pauper patients; 5 female patients have been discharged recovered; 1 male and 2 females have been discharged unrecovered; and 5 female patients have died. It is interesting to note that one of the patients who died was over 100 years of age. These figures show that there is an increase of 10 in the number of patients, which is now 195. This is, it is understood, the largest number of patients ever accommodated in the asylum. Both the villas are now fully occupied, and any spare accommodation is in the main building.

The general health of the inmates is, on the whole, good. Nine patients are in bed, but none of them is suffering from any acute illness. There are a considerable number of infirm patients, and the percentage of those able to take part in useful work is considerably lower than formerly. This is largely accounted for by the class of patients which were recently transferred from the Glasgow asylum. Fifty-one men and 77 women were actively employed at this date, and 37 men and 30 women were unemployed principally on account of physical unfitness.

There are no entries in the Register of Restraint and Seclusion, and there have been no escapes since last visit. There is only one entry in the Register of Accidents, referring to the case of a man who was knocked over by another patient and sustained a fracture of the neck of the femur.

The causes of death in the 5 cases which occurred were—exhaustion from old age, pulmonary phthisis, pulmonary oedema, aortic stenosis, and cerebral hæmorrhage. *Post mortem* examinations were made in 3 cases.

There was no noise or excitement among the patients during the visit, and only a few complaints were made, all of which referred to detention and not in any way to their treatment. None of the patients who did complain of detention was fit for discharge. The patients were all clean and neatly dressed. They looked well fed, and the relation between the staff and the patients was evidently friendly.

The house was scrupulously clean in all departments. The day-rooms were comfortably furnished and heated and had a home-like appearance. The dormitories were well ventilated and the beds very comfortable. Painting is making some progress and is being carried out by the staff and some of the patients. The repapering of some of the dormitories should be carried out as soon as possible. Some marked improvements in the arrangements of the house have been made by Miss Sinclair. Attention has formerly been called to the insufficiency of the accommodation in the sick-room on the female side. This has now been doubled and much improved by the conversion of the Oak room, which was formerly a day-room, into hospital accommodation with twelve beds. It is a bright and cheerful room and is suitably furnished. The former sick-room is now used as a day-room.

On the male side, the old billiard room is now an ordinary day-room, and the billiard table has been placed upstairs in the room formerly known as the low dormitory. It is well lighted and makes an excellent billiard room.

In view of the large addition to the numbers it will probably be found necessary to make further additions to the number of male attendants. At

present there are only 5 ordinary day male attendants and 2 nurses for 88 patients, and at least 1 additional attendant would be required to place the attendance on the average standard. On the female side there is 1 nurse to every 10 patients. Five attendants and nurses have resigned, and 2 male and 5 female attendants have been engaged during the period under review.

The books and registers were examined and found correct.

INVERNESS DISTRICT ASYLUM,
31*st Jan. and* 1*st Feb.* 1913.

Since 11th June 1912, the date of the previous visit, there has been an increase of 12 in the number of patients on the register. This number is now 709, and includes the names of 23 patients who are on probation, of 1 man who is on "pass," and of 685 resident patients.

The resident patients were individually seen and given an opportunity of making any statement they desired to make. With the exception of two patients who requested to be discharged from the Institution, and whose cases have previously been the subject of inquiry, there were no complaints. Among such a large number of patients this condition of affairs is of itself an indication of active and efficient management. The two patients referred to were given interviews, but nothing new emerged to alter the decision formerly arrived at that they were by reason of their mental state, unfit for liberation.

One hundred and three patients have been admitted, 36 have been discharged recovered, 20 have been discharged as not recovered, and 35 have died.

The patients discharged as not recovered were in 9 instances placed with private guardians, 1, having escaped and been absent for 28 days, was taken off the register, 4 were sent to the care of friends, 4 were transferred to other asylums, and 2 were removed to the Lunatic Wards of Long Island Poorhouse.

The deaths may be grouped as follows: 9 were due to senile decay, 8 the result of exhaustion of acute mental affections, 8 of phthisis pulmonalis or other tubercular affections, 3 of heart disease, 2 of general paralysis of the insane, 1 of epilepsy, 1 of organic brain disease, 1 of gastro-enteritis, 1 of marasmus, and 1 of peripheral neuritis. The causes of death were verified in 26 instances by *post-mortem* examinations. Such a relatively large number of examinations is an evidence of much activity on the part of the medical staff and wise co-operation of the relatives of the deceased patients.

The hospitals were found in their usual excellent order. Fifty-one patients were confined to bed, mainly for the treatment of mental symptoms. These patients are skilfully nursed, and their medical care, as well as that of the patients generally, was most efficient and capable. Accurate records of each of the several patients were found in the case books.

There are no entries in the Register of Restraint and Seclusion.

Six patients escaped and were absent for at least one night before being brought back.

Three accidents were recorded. One woman slipped and in falling sustained a fracture of the lower end of both bones of the left leg. Another woman, who was demented, met with a simple fracture of the lower end of the humerus, from some unascertained cause, while a third woman was pushed by another patient, and the resulting fall caused a simple fracture of the femur.

The patients were found generally in good health. They were sufficiently exercised and adequately and beneficially employed in large numbers at varied occupations.

The clothing of the women was neat, attractive, and of a comfortable description; that of the men was also suitable and sufficient.

A well-cooked and palatable dinner of pea soup, salt herring, potatoes, and bread was served to the patients on the first day of the visit. It gave general satisfaction.

A careful inspection of the whole Institution was made, and it was apparent that no effort is spared to minister to the material welfare of the patients. The day-rooms and dormitories were all that could be desired, and, in the prevailing wintry weather, were comfortably heated and properly ventilated.

The reflooring of the dormitories with pitch-pine is now well advanced; its effects will undoubtedly be the saving of labour and the introduction of healthier

conditions for those occupying them. Some of the corridors have been repainted in bright and pleasing colours. The ceilings of the dining-room and dormitory at Kinmylies have been renewed on account of their previously dangerous state.

It is proposed to convert the 6 single rooms adjoining the sanatoria into wards. This improvement will result in a gain of 5 additional beds in each sanatorium.

Six attendants and nurses have been engaged to fill vacancies caused by resignations and 1 dismissal from the established register.

Everything seen during the visit, which extended to 2 days, was indicative of progressive administration, and this progress is attained in an economical and highly efficient manner.

The statutory registers were examined and found to be carefully and correctly kept.

INVERNESS DISTRICT ASYLUM,
24th and *25th June* 1913.

There were 717 patients, 371 men and 346 women, on the register of the asylum on the 23rd inst. Four men and 1 woman are private patients. Twenty-six patients were absent on probation in pursuance of the Medical Superintendent's commendable policy of removing from the asylum all persons who can be cared for in private dwellings. The 691 resident patients were all seen in the course of the visit.

On the 31st January last, the date of the previous visit, there were 709 patients on the register. Since then, 71 have been admitted, 31 have been discharged, and 32 have died.

The deaths, the causes of which were verified by *post mortem* examinations in the very creditable proportion of 84 per cent. of the whole, are registered as follows: 11 patients have died of senile degeneration of the brain, 9 of phthisis, 4 of pneumonia, 2 of heart disease, 2 of exhaustion from acute mental diseases, and 1 of each of the following affections—the result of fracture of the cervical vertebrae sustained while absent on probation, cerebral haemorrhage, Bright's disease, and general paralysis. Except for the undesirably high mortality from phthisis, these causes of death call for no special notice. It was observed with approval that alterations are now being made, with the object of converting the six single rooms on each side of the asylum, immediately behind the new verandahs, into hospital wards for the accommodation of patients suffering from phthisis. These new wards will add from 12 to 16 beds to the hospital accomodation, and their contiguity to the verandahs will increase their usefulness, and, it is fully expected, will materially lower the amount of phthisis in the Institution.

There is one entry in the Register of Accidents which refers to a fracture of the neck of the femur in a female patient, caused by an accidental fall. The Register of Restraint and Seclusion contains forty-six entries referring to the use of restraint in the case of 1 patient to prevent the removal of surgical dressings. One patient escaped and was absent for at least one night before being brought back.

The number of ordinary nurses and attendants is 73, and of these 13 were engaged, 5 resigned, and 1 was dismissed in the interval covered by this report. It is observed with satisfaction that the changes in the nursing staff have become much fewer within the last five years when compared with previous years.

The general condition of the patients may be judged from the fact that the large number of 542, or about 88 per cent. of the whole, were working at the time of the visit.

The employment of the men in outdoor work is wisely insisted upon to as large an extent as possible, with the satisfactory result that 60 per cent. of them are healthily employed in the open air for several hours each day. The effect of this rational treatment was evident in their healthy appearance and the absence of excitement and petty discontent among the male patients.

Private interviews were given to 3 men and 3 women. One man and 1 woman made statements which were evidently the outcome of insane delusions. The object of the other 4 patients was to obtain release, but in no instance did it appear that they were unnecessarily detained.

The asylum continues to be maintained in very good order. Many of the

wards, dormitories, and corridors have been repainted. A most striking improvement has been effected by the repainting in a light colour of the main corridor leading from the dining-hall to the south main entrance. The appearance of the wards and dining-rooms was brightened by an abundance of flowering plants, which the erection of the new greenhouse has made it easy to provide. The process of reflooring the dormitories is being continued, and the upper dormitory floors are in process of being relaid.

The erection of six new houses for married male attendants is being proceeded with. The work of laying out the recreation field is almost completed, and it was learned with approval that a bowling-green is to be laid down in one corner of the field.

Kinmylies House at present contains 62 patients, 59 men and 3 women. The appointments of the house and the condition of its inmates were found in every respect satisfactory.

As a result of the visit a favourable impression was formed of the management of the asylum.

The official registers were examined and found to be carefully and correctly kept.

KIRKLANDS ASYLUM,
15*th April* 1913.

There were 223 patients on the register of the asylum, of whom 125 are men and 98 are women. One male patient was absent on statutory probation. All the others were seen during the visit.

The asylum was last visited on the 10th October 1912. Since then the following changes have taken place: Forty-five patients (23 men and 22 women) have been admitted, 17 patients have been discharged recovered, 7 have been discharged unrecovered, and 14 have died. There are thus 7 more on the register than at last visit.

The patients discharged not recovered were disposed of as follows: Two were transferred to other institutions, 4 were handed over to the care of relatives, and 1 was "boarded out."

The causes of death are registered as follows: Four from senile decay, 3 from cerebral atrophy with complications, 2 from phthisis pulmonalis, and 1 each from general paralysis of the insane, cerebral haemorrhage, heart disease, chronic fibroid phthisis, and cerebral and pulmonary congestion. The causes of death were verified by *post-mortem* examinations in five cases.

There are no entries in the Register of Accidents.

There are 15 entries in the Register of Restraint and Seclusion, referring to the seclusion of 1 female patient on account of impulsive violence.

Two male patients on parole escaped, and were absent for at least one night before being brought back to the asylum.

The changes in the staff consist of the death of 1 officer, the resignation of 3 male attendants, and the dismissal of 1; and the engagement of 3 male and 2 female attendants to take their place.

Twenty-six patients were confined to bed at the time of visit—15 of them on account of bodily illness—but there were very few cases of acute illness.

Ninety-six men and 58 women were engaged in work. Of the men 45 were working on the land, or at the farm steading. There was a remarkable absence of complaints—none at all as regarded their treatment—and it was evident all through the visit that the relations between the staff and patients were very cordial.

The house was found scrupulously clean throughout, and well ventilated, and the beds and bedding are excellent.

The house at Longdales Farm is now occupied by 12 working male patients, under the charge of an attendant and his wife. It is comfortably furnished, and has a home-like appearance, which will be appreciated by the class of people for whom it is intended. There is still one dormitory with six beds unoccupied.

The dinner consisted of tinned beef, potatoes, mashed turnips, and a suet and fruit dumpling, with sauce. It was an ample meal, and was evidently appreciated. The family tables and the expeditious service attracted favourable notice.

The official registers were examined and found correct.

KIRKLANDS ASYLUM,
22nd October 1913.

There has been an increase of 10 in the number of patients on the register compared with the corresponding number at 15th April 1913, when the previous visit was made. This increased number is due to the reception of 10 patients chargeable to the Parish of Glasgow.

One man was absent on pass. With this exception the patients were individually seen. There were no complaints, nor did any patient desire an interview. It was noted with approval that the relations between the patients and staff were of a most friendly kind, and this probably accounts for the state of affairs referred to.

Fifty patients have been admitted, 13 have been discharged as recovered, 9 have been discharged as not recovered, and 18 have died.

With respect to the patients discharged as not recovered, 2 having escaped and been absent for the statutory period of 28 days, had their names removed from the register, 3 were transferred to other institutions, 1 was removed to England, and 3 were handed over to the care of relatives.

The deaths were the result of natural causes. Four patients died of cerebral softening, 3 of cerebral hæmorrhage, 3 of phthisis pulmonalis, 3 of general paralysis of the insane, 2 of senile decay, 2 of cardiac disease, and 1 of cerebro-spinal sclerosis and fibroid phthisis. Six *post-mortem* examinations were made.

Thirty patients were confined to bed by reason of mental or bodily illness, senility or infirmity. The nursing arrangements in the hospitals were of a commendable description.

One woman had to be placed in seclusion for a few hours at a time on 6 occasions. This was necessary because of her dangerous tendencies.

Four patients have escaped and been absent for at least one night. Two of these have been already noticed, the other two were brought back to the Institution.

There has not been any serious accident.

One hundred and sixty-two patients of both sexes were employed mainly out of doors in a beneficial and useful manner. The attention to the suitable employment of the patients in this efficient manner was reflected in the general good health of the majority of the patients.

The dinner for the day consisted of broth, stewed meat, bread, and potatoes. The dinner was ample and well cooked, and those patients who were asked, expressed their appreciation of what was given to them. The serving of the meal was methodical and conducted in such a manner as to satisfy the most captious.

The changes in the nursing staff were relatively few.

All parts of the Institution were found in good order and scrupulously clean, and the comfort of the patients in their personal clothing, and the state of their sitting-rooms and dormitories, is successfully attained.

The farm of Longdales was found in good order, and the arrangements for their care were valued by the special class of patients occupying the building.

The management of the Institution is commendable for its zeal and efficiency.

The medical and statutory registers were examined and found to be correctly kept.

LANARK DISTRICT ASYLUM,
16th and 17th June 1913.

The numbers on the registers have increased from 959 on the 5th of December 1912, the date of the previous visit, to 976 on the 17th inst. The 17 additional patients are all chargeable to parishes of the district. In 1906, 39 patients chargeable to the parish of Edinburgh were removed; in 1909, 38 patients chargeable to parishes in Renfrew were removed; in 1912, owing to the demand upon the asylum accommodation the District Board ordered the removal of 12 patients chargeable to parishes in the county of Orkney, and they further resolved that no private patients from outside the district should in future be received into the asylum. Notwithstanding these measures the increase in the number of resident patients proceeded steadily. This increase is shown by the fact that the average number of district pauper patients resident for the 5 years ending 1907 was 686, and that, for the 5 years ending 1912, the corre-

sponding number was 808. The District Board were therefore faced with the necessity of erecting additional accommodation, and they wisely resolved that the best form of extension would be such as would make provision for the reception and nursing of newly admitted patients. As a result of that resolution the work of erecting a separate admission hospital with 200 beds has now been begun.

Of the 976 patients at present on the books of the asylum, 81, including 3 voluntary inmates, are private patients. With the exception of two persons who were absent on probation, all the resident patients were seen in the course of the visit. They were seen at work, at dinner, in the wards, and in the hospitals, and their general care and supervision was found in every respect satisfactory. Only a few of them made statements, and these had reference to the question of discharge. The weather was fine and the patients occupying the hospitals, the middle, and the acute blocks were (except those confined to bed) in the open air. When the weather conditions do not permit of these patients being out of doors, and as most of them are for physical or mental reasons unable to work, they have to pass their time sitting in the wards. It is therefore recommended that verandahs should be erected in connection with the middle and acute blocks on the female side, and in connection with the acute block on the male side so as to facilitate the more continuous open-air treatment of these patients. Verandahs of the kind referred to have been found in other similar institutions to exert a beneficial influence on both the physical and mental health of patients of the kind referred to.

Since the previous visit 109 patients have been admitted, 57 have been discharged and 35 have died.

The causes of death, which in 19 instances were verified by *post-mortem* examinations, are registered as follows: In 8 cases death was due to disease of the heart or blood vessels, in 7 cases to pulmonary phthisis, in 6 cases to general paralysis, in 4 cases to epilepsy, in 3 cases to exhaustion from acute mental affections, in 3 cases to diseases of the lungs other than phthisis, in 3 cases to diseases of the intestines, and in 1 case to suicide by cut throat. In the latter case the patient—a male—was so far recovered that he had for long been engaged at work on the farm, and he was not suspected of any tendency to suicide. He managed to secrete a knife used for cutting turnips, and was found dead by one of the night attendants in the early morning hours, from the effect of a fatal wound in the throat inflicted under the bedclothes with the instrument referred to. The matter was duly reported to the proper authorities. The only other accident recorded refers to a fracture of the humerus in the case of a female patient as the result of an accidental fall.

There are no entries in the Register of Restraint and Seclusion. Two patients escaped and were each absent for at least one night before being brought back.

Out of a staff of 114 ordinary nurses and attendants 17 were engaged, 11 resigned, and 1 died.

The asylum was found in admirable order, and its administration continues to be conducted with assiduity and efficiency.

The official registers were examined and found correct.

LANARK DISTRICT ASYLUM,
23rd and 24th October 1913.

The number of patients in the Institution continues to increase. During the four months which have elapsed since the previous visit, the increase has been 19. There were on the register on the first day of the visit 995 patients, of whom 80 were of the private class and 915 chargeable to the several parishes.

With the exception of 2 patients, who were absent on probation, and 1 who had escaped and had not been found, the patients were individually seen and given an opportunity of making any statement they so desired. It was noteworthy that among such a large number of patients no one demanded a private interview. This, with many other evidences, showed the friendly relations that exist between the patients and staff.

Eighty patients have been admitted, 26 have been discharged as recovered, 8 have been discharged as not recovered, and 24 have died. The patients dis-

charged as not recovered were, in six instances, transferred to other institutions, 1 was handed over to a relative, and 1 was discharged by escape.

Six patients died of phthisis pulmonalis, 4 of heart disease, 3 of general paralysis of the insane, 2 of pneumonia, 2 of epilepsy, 1 of chronic nephritis, 1 of senile decay, 1 of carcinoma of the stomach, 1 of carcinoma of the liver, 1 of cerebral softening, 1 of exposure, and 1 of mucous colitis.

The death from exposure occurred in the case of a patient who had escaped on the 14th August 1913, and though diligent search was made for him, on the 2nd September 1913 he was found dead in a wood. The circumstances of the death were the subject of inquiry by the Procurator-Fiscal and the General Board. In 14 of the deaths the causes were verified by *post mortem* examinations.

In the care and treatment of the patients neither restraint nor seclusion was made use of, and the surroundings of the patients in the hospitals indicated that all that modern medicine could suggest was being done. The case books kept by the medical officers were fully and systematically written up, and it was apparent that the several patients in the Institution were the objects of careful study.

In addition to the patient whose escape has been already noticed, another patient escaped and was absent at the time of the visit. No fears were expressed either for his safety or on account of dangerous tendencies.

The patients were extensively employed at various occupations, and appeared to derive marked benefit from such employment, as their general health was most satisfactory.

One feature in the administration of the Institution is deserving of special notice, and that is the comparatively few changes in the permanent nursing staff. Such a state of affairs is of much advantage to the well-being of the patients and the general interests of the Institution.

It was learned that the verandahs suggested in the previous report are to be erected at the lower and middle blocks of the female side, and the lower block of the male side. The new hospital has been begun and is being pushed forward rapidly.

All parts of the Institution were found in good order, and the comfort of the patients was amply attended to.

The onerous and exacting duties of administration still continue to merit approval and commendation.

The statutory registers were examined and found to be carefully and correctly kept.

MIDLOTHIAN AND PEEBLES DISTRICT ASYLUM,
18*th March* 1913.

The number of patients on the register is 329, consisting of 38 private and 291 parish patients. Four women were absent on probation, and 1 woman on pass. The patients resident—to the number of 324—were individually seen and given an opportunity of making any statement they desired. There were no complaints, and many of the patients voluntarily expressed their satisfaction with the arrangements made for their welfare.

In addition to the numbers already adverted to, there is 1 voluntary inmate.

Twenty-nine patients have been admitted, 12 have been discharged as recovered, 17 have been discharged as not recovered, and 17 have died. Of the patients discharged as not recovered 11 were sent either to the care of friends or to the Inspector of Poor of the parish to which they were chargeable, while 6 were transferred to other asylums.

The deaths were in 4 instances due to heart disease, in 3 to phthisis pulmonalis, in 2 to cerebral softening, in 2 to general paralysis of the insane, in 1 to pulmonary hæmorrhage, in 1 to senile decay, in 1 to cerebral hæmorrhage, in 1 to cerebral abscess, in 1 to epilepsy, and in 1 to Bright's disease. In 8 of the deaths the several persons were over 65 years of age. The cause of death was verified in 14 cases by means of *post-mortem* examination. This is a relatively large number, and the work involved in conducting these examinations affords one of many illustrations of the efficient manner in which the Medical Officers of this particular Institution perform their duties.

The number of patients confined to bed for treatment of mental or bodily illness, or a combination of these conditions, was 29. The hospitals were found

in good order, the nursing was of a high standard, and nothing was left undone by the medical staff towards the recovery and care of the patients. It was evident from an inspection of the case books that each patient's case was the object of elaborate and careful investigation.

There has been no use of either restraint or seclusion, and there has not been any escape.

Two serious accidents are recorded. One woman sustained, by tripping on her shawl, a dislocation of the left femur at the hip joint. Another woman met with a Colles' fracture of the left arm by stumbling on the floor.

The industrial occupation of the patients generally is well attended to. One hundred and eighty-four were found suitably and beneficially occupied at varied forms of work.

The condition of the sitting-rooms and dormitories was of a satisfactory nature. The attention of the District Board is asked to the old flooring in Divisions 1 and 4 of both sides of the Institution. It would conduce to the well-being of the patients occupying these wards to have this flooring taken up and replaced by pitch pine flooring.

The dinner for the day consisted of soup, bread, and suet pudding; it was a palatable and sufficient meal, and gave general satisfaction.

Eleven nurses and attendants have been engaged to fill vacancies caused by resignation.

The management of the Institution is capable and conscientious.

The statutory books are well kept, and when examined were found written up to date and correct.

MIDLOTHIAN DISTRICT ASYLUM,
20th October 1913.

There are 350 patients on the register of the Institution at this date. Of these 16 males and 23 females are private patients, and 156 males and 155 females are pauper patients. In addition to these there is 1 female voluntary patient. They were all seen in the course of the visit, except 1 male private patient absent on pass, and 1 female pauper patient absent on probation.

The asylum was last visited on the 18th of March, and since then the following changes have taken place: 1 male and 2 female private patients, and 22 male and 36 female pauper patients, have been admitted; 1 female private, and 4 male and 8 female pauper, patients have been discharged recovered; 3 male and 5 female pauper patients have been discharged unrecovered; and 1 female private, and 8 male and 10 female pauper, patients have died. There is therefore an increase in the numbers resident in the period under review of 1 male private patient and 7 male and 13 female pauper patients.

Of the patients discharged unrecovered, 6 were transferred to other asylums, and 2 female patients were placed under private care.

The asylum has now a very small margin of vacant accommodation, and if the rate of admission continues as it has been for the past six months, the question of accommodation will become urgent. The admission rate during that time has been on the average 10 per month, as compared with 6 to 7 in former years.

The deaths are registered as due in 3 cases each to general paralysis, phthisis pulmonalis, and senile decay, in 2 cases to cardiac disease, and in 1 case each to pleurisy, gangrene of lung, carcinoma of liver, enteritis, tuberculosis of bowel, pelvic cellulitis, abscess of the inguinal glands, and choking by accident. In 17 of the 19 cases the cause of death was verified by *post mortem* examination. The only death calling for special notice is the last one referred to. A female patient had swallowed some carbolic lotion while the nurse was absent from the bathroom. While the nurse was administering olive oil, etc., she became asphyxiated. The case was reported to the Procurator Fiscal, and full inquiry was made by the Board. No prosecution followed, but the nurse was regarded as very blame-worthy for leaving the patient unattended, and was dismissed.

There are 4 entries in the Register of Restraint and Seclusion, referring to the restraint of 1 female patient to prevent interference with surgical dressing.

There have been 4 escapes during the period under review, and in each case the patient was absent at least one night before being brought back.

There have been 4 accidents, viz., the case of asphyxia already noticed, 2 fractures of the femur from accidental falls, and 1 bruised shoulder from a fall on the floor after being struck by another patient.

The number of patients who attended Divine service last Sunday was 127.

Forty-two patients were in bed in the hospitals and verandahs under treatment for mental symptoms, bodily illness, and infirmity. There were no cases of acute bodily illness, and the medical care and nursing left nothing to be desired. Nine patients have parole beyond the grounds, and 18 within the grounds.

The employment of those of the patients who are able to work is well attended to: 180 were employed in various ways, and of these 58 men were working on the land. A large number of the patients are unemployed, but with the large number of senile patients in residence this is not to be wondered at.

The patients were on the whole quiet and orderly. They were neat in their dress, looked well fed and contented, and except on the ground of detention, had no complaint to make. Special interviews were given to several who desired them, but in no case was it considered desirable to recommend discharge.

The dinner was seen and tasted. It consisted of broth with bread, excellent potatoes, and stewed beef. It was an ample and palatable meal and seemed to be popular.

The day-rooms and dormitories were scrupulously clean and well ventilated, and the bed covering was ample for the season. Attention is again directed to the worn-out condition of the flooring, particularly in No. 1 day-room on the male side. It is hoped that it will be relaid with pitch pine at an early date. The position of the bath in connection with the female hospital would be much improved by either removing altogether the partition wall against which it rests, or setting it back two or three feet. As a patient in the bath can only be approached on one side, as it stands at present, it must often be very difficult to properly care for a resistive patient.

The staff of attendants and nurses has been increased by 2 each. As a result of this it is noted with approval that leave for the nursing staff has been increased to one day in seven instead of one in ten, as formerly. The changes in the nursing staff have been numerous. Ten male and 11 female attendants have been engaged to take the place of 5 male and 5 female attendants resigned, 2 males and 2 females dismissed, and 1 female attendant who died.

The case books contain full information regarding each case brought well up to date. The official registers were examined and found correct.

MONTROSE ROYAL ASYLUM,
1*st* and 2*nd May* 1913.

There are 682 patients on the register and resident at this date, (1st May). This number consists of 112 patients of the private class, and 570 chargeable to the several parishes subserved by the Institution. The number of voluntary inmates is 3. Compared with the corresponding numbers at the date of the previous visit there is a decrease of 15 in the number of registered patients. The number of voluntary inmates remains the same.

All the patients were seen during the visit, and each was given an opportunity of making any statement he or she desired to make. Considering the relatively large number of patients suffering from acute forms of mental disturbance, the complaints were few. They were all carefully investigated, and had reference to the question of undue detention. With the exception of a boy whose case has already received much attention at the hands of the Medical Superintendent, the mental states of the patients concerned were such as to preclude any suggestion that they should be discharged. The exception referred to has improved during his residence to such an extent that asylum care was deemed to be no longer necessary, and arrangements will be made for his discharge.

Eighty-one patients have been admitted, 40 have been discharged recovered, 12 have been discharged not recovered (3 were boarded out, 7 sent to the care of friends, and 2 were transferred to other asylums), and 44 have died.

Ten of the deaths were due to organic brain disease, 7 to tubercular affections, 7 to heart disease, 6 to senile decay, 3 to epilepsy, 3 to arterio-sclerosis, 2 to general paralysis of the insane, 1 to cerebral softening, 1 to acute mental disease, 1 to broncho-pneumonia, 1 to pleurisy, 1 to chronic Bright's disease, and 1 to

carcinoma. The deaths were the result of natural causes, and *post mortem* examinations were made in 23 instances.

There have not been any escapes, and there has been no serious accident.

The high level of excellence in the medical care and treatment of the patients is maintained. This was exemplified by the absence of the use of restraint and seclusion, the manner in which the patients are nursed in the hospitals and throughout the Institution, and the complete knowledge shown of the individual requirements of the patients.

The patients were found to be suitably exercised and beneficially employed, whenever their mental and physical states permitted.

The patients were seen enjoying a good, well-cooked dinner of stewed beef, potatoes, and bread. The condition of their clothing denoted much care, attention, and good taste, and the arrangements of the sitting-rooms and dormitories were highly satisfactory. It was evident that nothing is left undone to promote the welfare and happiness of every patient.

Nineteen nurses and attendants have been engaged to fill vacancies caused by resignations.

The general management of the Institution is highly efficient and progressive.

The statutory books were examined and found to be correctly kept.

MONTROSE ROYAL ASYLUM,
27th August 1913.

There are 689 patients on the register of the Asylum at this date. Of these, 119 are private patients, and included in that number are 2 voluntary inmates. All the patients were resident and were seen at the visit.

Since the 2nd May of this year, the date of the previous visit, 42 persons have been admitted, 16 have been discharged recovered, 7 have been discharged unrecovered, and 14 have died. The causes of the 14 deaths, 8 of which were verified by *post mortem* examination, are registered as follows: 3 died of general paralysis, 3 of heart disease, 3 of gross disease of the brain, 2 of senile decay, 2 of phthisis, and 1 of general tuberculosis.

It is recorded with much satisfaction that no accident of a serious nature, affecting either the patients or the staff, has occurred in the interval covered by this report. It is also satisfactory to state that it has been possible to successfully treat the large number of patients which the asylum accommodates without the necessity of having to resort in a single instance to the use of such oppressive measures as restraint and seclusion. Only 1 patient escaped, and was absent for one night before being brought back.

At the time of the visit 420 patients were industrially employed, and of that number no less than 204 were working in the gardens or grounds. Of the latter number, 74 were women, which fact is deserving of commendation. As a rule female patients in asylums are at a disadvantage as compared with male patients, in so far as it has been found impossible to employ them to any considerable extent in healthy out-door work. The work done by these female patients was chiefly picking fruit, but it is hoped that some other congenial outdoor work may be devised for the benefit of these women. Not including 13 patients who refuse to work and a certain number of private patients who are not expected to work, the returns show that 230 of the inmates were, on account of mental or physical infirmity, incapable of any employment. Of that number 48 were, for various causes, confined to bed.

Everything that was seen in connection with the care and treatment of the inmates indicated thoughtful and regular attention to their various wants and requirements. They were, as a whole, free from excitement, and no complaints of a reasonable kind were made. No patient asked for a private interview. The dinner served to the patients in the Main Building to-day was a well-cooked, palatable meal of broth and a suet pudding with raisins. In the Hospital Division the dinner, which was equally good, consisted of broth and fresh fish.

The Institution throughout was found in admirable order and in the usual state of almost perfect cleanliness.

The changes in the nursing staff have been comparatively few and consisted in the voluntary resignation of 1 man and 2 women, and the dismissal of 1 man for striking a patient. It is understood that this assault was not of serious

nature or such as would require his being handed over to the criminal authorities. Four men and 4 women were engaged.

The official registers were examined and found correct.

PAISLEY DISTRICT ASYLUM,
7th May 1913.

There are 204 patients—100 men and 104 women—in the asylum to-day. Of these 7 men and 12 women are private patients. With the exception of 1 man, who was absent by pass, they were all seen in the course of the visit.

Since the 3rd October 1912, the date of the last visit, 59 patients have been admitted, 25 have been discharged recovered, 8 have been discharged unrecovered, and 21 have died.

The deaths, which were all due to natural causes, are registered as follows: Exhaustion from mental diseases, 5 cases; epilepsy, 5 cases; cancer, senile decay, and general paralysis, 2 cases each; and 1 case each to the following diseases, namely, phthisis, bronchitis, heart disease, prostatic disease, and pneumonia. *Post-mortem* examinations were made in 13 instances; in the remaining 8 instances the permission of the friends or relatives was withheld.

Neither restraint nor seclusion has been used in the asylum since the previous visit.

There have been 3 escapes in which the patients were each absent for at least one night before being brought back.

The Register of Accidents contains 3 entries which refer to the fracture of a rib in a male patient who was excited and restless during the night. There was no evidence to show that the injury was caused by the use of force on the part of the night attendant in charge of the patient. A female epileptic patient sustained a fracture of the femur during the convulsions attending a fit, and a female patient, by slipping and falling on the floor, sustained a Colles' fracture.

One hundred and fifty-nine patients were working at the time of the visit, and 44 were unemployed. The fact that only about 21 per cent. of the inmates were incapable of employment shows the gratifying state of health of the patients and the attention which is devoted by the management to this highly important feature of asylum administration.

Twenty-two patients were confined to bed for various reasons. It is observed with satisfaction that only 1 patient died of phthisis in the interval covered by this report. There are at present 4 patients suffering from the acute symptoms of that disease, but they are receiving special treatment, and were in bed in the open-air verandahs at the time of the visit.

Everything that was connected with the circumstances and conditions of the inmates showed evidence of the conscientious desire to promote their well-being and comfort. The dinner to-day was a good, substantial, well-cooked, and well-served meal which appeared to be appreciated by the patients. It consisted of broth, stewed meat, and potatoes.

The wards and dormitories were neatly kept, well ventilated, and in good order. The recent repainting of the corridors and various apartments has greatly brightened the interior of the Institution.

The staff of attendants and nurses numbers 24 individuals, and it is observed that the changes among them are more numerous than is desirable. It is also understood that there is a difficulty in obtaining the services of suitable persons to fill vacancies on the staff. This, at the present time, is a common experience in other similar institutions. It is suggested for the consideration of the District Board that one means of correcting this state of matters would be to increase the number of married male attendants by providing houses for them as has been successfully done in some other asylums.

The official registers were examined and found to be correct.

PAISLEY DISTRICT ASYLUM,
26th September 1913.

There were 206 patients seen to-day. This number, with the addition of 3, the number of patients who were on probation and in the care of relatives for the time being, constituted the number of patients on the register.

The patients generally were in good health, and free from noise and excitement. There were no complaints, and no one asked for an interview. This was an evidence of the friendly and harmonious relations that exist between the patients and the staff.

Thirty patients have been admitted, 12 have been discharged as recovered, 3 have been discharged as not recovered, and 10 have died.

Of the 3 discharged not recovered, 2 patients were handed over to the care of relatives, and 1 was transferred to another asylum.

Two patients died of general paralysis of the insane, 2 of exhaustion from acute mental disease, 2 of pneumonia, 1 of epilepsy, 1 of arterio-sclerosis, 1 of pulmonary tuberculosis, and 1 of senile decay. The cause of death was verified in five instances by *post mortem* examination.

There has not been any use of either restraint or seclusion.

Three patients escaped, and were absent for at least one night before being brought back.

One accident, which might have had serious consequences, resulted in a fracture of the second right rib and a few bruises. The man in question, who had never been regarded as suicidal, was assisting an attendant in cleaning a room. Without warning and before the attendant could seize him, he jumped out of a window, and falling, sustained the injuries stated above. As the result of a conversation with the patient, who is making an excellent recovery, the opinion was formed that the accident was wholly due to a sudden, uncontrollable impulse. The patients were found suitably employed, and with evident benefit to themselves. The men were engaged mostly out of doors, and the women at varied domestic work in the kitchen and in the laundry.

Six nurses and attendants have been engaged to fill vacancies caused by resignation.

The rooms which have been built for 16 unmarried attendants and nurses were carefully inspected, and the District Board is to be congratulated on the thoughtful course which they have taken to secure the comfort and happiness of such a large proportion of the staff.

The patients were served with an ample well-cooked dinner of pea soup, bread, fish with sauce, and potatoes.

The clothing of the patients was good, suitable, and neat. The sitting-rooms and dormitories were bright, well ventilated, and supplied with all that was essential for the adequate care and convenience of the patients. Everywhere there was marked cleanliness.

The medical care of the patients continues to deserve praise, and the administration of the Institution is energetic and capable.

The statutory books were examined, and found to be correctly kept.

JAMES MURRAY'S ROYAL ASYLUM, PERTH,
20th March 1913.

There are 58 ladies and 58 gentlemen—116 patients in all—on the register at this date. They were, with the exception of 2 gentlemen on pass, individually seen and spoken to. It was noteworthy that no patient made any complaint of moment, and there were many expressions of opinion on the part of patients that gave evidence that each patient is the object of special study and considerate care.

The Institution was previously visited on 3rd October 1912, and since then 19 patients have been admitted, 1 has been discharged recovered, 3 have been discharged not recovered (2 to the care of relatives, and 1 by transference to another asylum), and 12 have died.

Five patients died of cerebral degeneration, 2 of bronchitis, 1 of cerebral hæmorrhage, 1 of diabetes, 1 of heart disease, 1 of general paralysis of the insane, and 1 of influenza and pemphigus.

The death rate has been relatively high, and with respect to the age at death it may be noted that no less than 10 were over 65 years of age at the time of death, and that 1 of the 10 had attained the great age of 95.

Five patients were confined to bed in the hospitals for treatment either of mental or bodily illness. The hospitals were found in an excellent condition, and are most modern in their arrangements.

There has been neither restraint nor seclusion of any patient, and no escape has taken place.

There has been one serious accident. It resulted in an intracapsular fracture of the left femur in the case of an old lady, and was caused by her stumbling and falling on the floor.

Ten nurses and attendants have been engaged to fill vacancies caused by resignation.

The condition in which the Institution was found was praiseworthy in every respect. The material welfare of the patients was amply attended to, and their medical care was of a conscientious and commendable description. The decoration and furnishing of the several buildings are in unusually good taste, of a suitable kind, and afford a maximum of comfort.

A beautiful memorial window has been erected in the chapel to the memory of Nurse Elizabeth Corlett, who, before her death, was for a lengthy period in charge of the hospital. The artist of the window was Mr. Strachan of Edinburgh, and the cost has been defrayed by the executrix of Nurse Corlett. It may be recalled that the chapel itself was erected by the voluntary contributions of former patients of the Institution.

An opportunity was taken of inspecting the seaside house, "Seven Gables." It is beautifully situated at Elie, Fife, contains accommodation for at least 5 patients, and its appointments met with approval. The house is a most valuable adjunct in the care and treatment of the patients.

The general administration of the Institution continues to be most efficiently conducted on progressive lines.

The medical books are kept with much care and detail, and the statutory registers were found to be in order and correctly kept.

James Murray's Royal Asylum, Perth,
21*st October* 1913.

There are 119 patients, 61 gentlemen and 58 ladies, on the register of the asylum at this date. Of the total number 5 are voluntary inmates. One lady was absent on probation, and 1 on 28 days' pass; 5 gentlemen were at the seaside house at Elie, and 2 gentlemen and 1 lady were out on pass for the day. All the others were seen in the course of the visit.

Since the 20th of March of this year, when the asylum was last visited, 18 patients have been admitted, 15 have left, and 5 have died.

The causes of the 5 deaths are registered as due to pneumonia in 2 cases, and to epilepsy, general paralysis, and senile gangrene in 1 case each.

There has been no recourse to restraint or seclusion in the treatment of any patient, and no patient has escaped in the period covered by this report.

There are 3 entries in the Register of Accidents referring to a bruise of the leg and a cut on the forehead caused by falls in the case of 2 patients, and to a severe contused wound of the forehead sustained by a male attendant as the result of a bicycle accident.

The changes among the nurses and attendants have been comparatively numerous, in which respect this Institution is at the present time by no means singular. Eight men and 10 women resigned, and 8 men and 8 women have been engaged during the past six months.

The patients were quiet in their manner, and several of those of them who were conversed with expressed their appreciation of the kindness and attention they receive.

The Institution was throughout in admirable order.

It was learned with regret that Dr. Urquhart has resigned the office of Physician Superintendent after 34 years' service. During that long period he has not only maintained the reputation of the Institution but he has succeeded, by the force of his character and by an unremitting devotion to the best interests of the patients, in securing for it a continuous level of prosperity and a high state of efficiency.

The official registers were examined and found correct.

PERTH DISTRICT ASYLUM,
15*th May* 1913.

The number of patients on the register is 383. Of this number 1 patient was on probation. The others were seen and individually given an opportunity of making any statement he or she desired to make. Two men only desired an interview—this was given to them. Their complaints had reference to the beliefs that they were the subjects of persecution by unseen agencies. In these circumstances the question of their discharge from the Institution could not be entertained.

There is an increase of 7 in the registered number of patients compared with the corresponding number on 2nd October 1912, the date of the previous visit.

Fifty-seven patients have been admitted, 12 have been discharged as recovered, 10 have been discharged not recovered, and 28 have died.

Of those discharged not recovered, 4 were transferred to other institutions, 4 were transferred to the lunatic wards of Perth Poorhouse, and 2 were discharged by Minute of Parish Council.

The causes of death were in 8 instances the result of senile exhaustion, 6 patients died of general paralysis of the insane, 5 died of tubercular disease, 2 of cerebral hæmorrhage, 2 of exhaustion from acute mental disease, 1 of pneumonia, 1 of abscess of the lung, 1 of acute nephritis, 1 of chronic nephritis, and 1 of malignant disease of the stomach. In only 6 of the deaths was the cause verified by *post mortem* examination. It may be pointed out that in no less than 10 of the deaths the age of each person was not less than 65 years.

Two patients were for short periods placed in seclusion owing to uncontrollable, violent behaviour.

There have been 2 escapes in which the patients concerned were absent for at least one night before being brought back.

There has been no serious accident.

The patients generally were found to be in good health, well cared for in all respects, contented and free from noisy excitement.

The arrangements of the several sitting-rooms and dormitories were most comfortable and highly conducive to the physical and mental well-being of the occupants.

A good dinner of broth, bread, stew, and potatoes was served; it was generally appreciated.

Six attendants and 11 nurses have been engaged to fill vacancies mainly caused by resignations.

The general management of the Institution in its medical and administrative aspects continues to deserve much praise.

In the absence of Dr. Bruce, who was examining the nursing staff of another institution for the qualifications demanded by the Medico-Psychological Association, Dr. Yellowlees, the Assistant Medical Officer, placed every facility at my disposal for making an inspection of the Institution.

The case books are kept with much care and scientific interest, and the statutory registers, when examined, were found to be regularly and correctly kept.

PERTH DISTRICT ASYLUM,
12*th September* 1913.

The total number of patients on the register at the date of visit was 375, of whom 4 are private patients. The total number gives a decrease of 8 since the previous visit of 14th May 1913. All the patients were seen and spoken to in the course of the visit.

The following changes have occurred since the date of last entry: Twenty-nine have been admitted, 14 have been discharged as recovered, 10 have been discharged as not recovered, and 13 have died.

With regard to those discharged as not recovered, 2 male patients were transferred to the Lunatic Wards of Perth Poorhouse, 1 male and 2 female patients were transferred to other asylums, 4 female patients were discharged under minute of Parish Council, and 1 private patient was discharged to his home.

All the deaths were from natural causes. Three died of senile exhaustion, 3 of heart disease or heart failure, 2 of exhaustion from melancholia, 2 of malignant

disease of the uterus, 1 of exhaustion from epilepsy, 1 of malignant endocarditis, and 1 of pyelitis.

The average age at death was 57 years and 8 months, 4 being over 70 years of age, and 1 over 80. *Post mortem* examinations were made in only 2 cases.

Thirty-four patients were confined to bed for the treatment of mental conditions, 10 on account of bodily illness, and 11 because of their senility or infirmity.

The general paralytics in residence at this date number 5, the epileptics 18, and those suffering from active pulmonary tuberculosis 7.

The arrangements made for the medical care and nursing of the patients are very satisfactory.

The Register of Restraint and Seclusion contains 4 entries referring to the seclusion of 3 persons for a total period of 17 hours on account of violent excitement. There has been no employment of mechanical restraint since the last visit.

Only 1 escape, resulting in an absence for at least one night, has occurred since the last visit.

The Register of Accidents contains one entry referring to a patient who fell accidentally, fracturing the neck of the left femur.

Two hundred and twenty-three patients, or 59·4 per cent. of the number resident, were usefully employed, and 80 were unable to work on account of bodily or mental illness, only 3 refusing to work. One hundred and fifty-six, or 41·6 per cent., attended Divine service last Sunday.

In addition to the Head Male Attendant there are 15 ordinary male attendants and 4 female nurses on the male side, and 17 female nurses on the female side, during the day, giving a ratio of day nursing staff to patients of 1 to 10·4; whilst there are 4 male attendants and 7 female nurses on duty during the night, giving a ratio of 1 to 34.

The following changes have occurred in the nursing staff: Three resigned and 3 were dismissed (2 for inefficiency and 1 through not having returned at the expiration of leave); 5 were engaged and 6 were transferred from the probationary to the established service. The Rev. J. S. Mackenzie has resigned his office as chaplain, the Rev. H. K. Reekie being appointed in his room.

The patients generally were free from excitement, quiet and orderly. They were well and suitably clad, clean and tidy. The day-rooms and dormitories were comfortable, well ventilated, admitting ample sunlight, and were in good order.

The dinner for the day, ample in amount, and consisting of pea-soup with vegetables, fish, potatoes, and bread, was partaken of and found palatable and well cooked.

Three male patients and 1 female patient complained of undue detention, and were granted special interviews. All four were labouring under delusions, and in no case was it advisable to recommend discharge. One of these, a male patient, was the subject of a special report to the Board.

The statutory registers were examined and found correct.

RENFREW DISTRICT ASYLUM,
24th March 1913.

As was pointed out in the previous entry, the asylum affords accommodation for 296 patients, and then, as now, the number of patients in residence considerably exceeds the number of beds in the Institution. It is, however, recorded with satisfaction that the District Board have prepared plans which are at present under the consideration of the General Board for the erection of a villa for males and a villa for females, each to accommodate 50 patients, and of a Nurses' Home for the accommodation of 30 nurses. The erection of the Nurses' Home will set free the beds used by those officials, and permit of them being occupied by patients. The District Board have taken into their own hands the farm of West Dykebar, formerly let by them to a tenant. They intend renovating the farm steading, and have prepared plans showing how the steading can be enlarged and made suitable for the requirements of the Institution. The farm of West Dykebar is contiguous to the asylum grounds, and the farm steading is conveniently situated and within easy reach by officials and patients.

There are 312 patients—154 men and 158 women—on the register to-day.

With the exception of 1 man who was absent on statutory probation all the patients were seen in the course of the visit.

Since 25th September 1912, the date of the previous visit, 51 patients have been admitted, 19 have been discharged recovered, 7 have been discharged unrecovered, and 27 have died.

The causes of death are registered as follows: General paralysis in 7 cases, pneumonia in 6 cases, senile decay and gross disease of the brain in 4 cases, heart disease, kidney disease, and phthisis in 2 cases each, and exhaustion from acute mental disease, septicæmia, cancer, and pernicious anæmia in 1 case each. *Post-mortem* examinations were made in the large and creditable proportion of 22 out of the 27 cases of death.

The Register of Accidents contains 2 entries referring in each case to fracture of ribs caused by accidental falls, and in no instance was blame attributed to those who had charge of the patients at the time. There are no entries in the Register of Restraint and Seclusion. The Register of Escapes contains one entry referring to the escape of a patient who was absent for at least one night before being brought back.

The record of employment of patients shows that 249, or the large proportion of 80 per cent., of the population were working at the time of the visit, while 61, or only about 20 per cent., were too ill or too infirm to work. Of the latter number only 12 were confined to bed. It was gratifying to observe that 80 men, or over 50 per cent. of the male patients, were engaged in outdoor work. Of the women 31 were employed in the kitchen and laundry, and 49 at needle work.

The general condition of the patients was very satisfactory; only one of them—a man—demanded and was accorded a private interview. He was, however, found to be so insane that no reliance could be placed upon his statements.

The Institution in all its departments was found to be carefully and conscientiously managed, and in excellent order.

Since the previous visit 2 male and 4 female attendants have entered probationary service, 1 male and 2 female attendants have resigned from that service, and 3 male and 1 female attendants have been transferred from the probationary to the established service. Of the established nurses and attendants, 1 man was engaged, and 2 men and 3 women resigned.

The case books are fully and methodically kept and the official registers were found correct.

RENFREW DISTRICT ASYLUM,
20th October 1913.

There were 321 patients on the register of the Institution; this represents an increase of 9 compared with the corresponding number of 24th March, when the previous visit took place.

With the exception of 1 man, who made his escape on the day of the visit, the patients were individually seen and spoken to. There was an entire absence of complaint, though a few patients, whose mental condition did not warrant their discharge, asked to be liberated.

Sixty-three patients have been admitted, 27 have been discharged recovered, 11 have been discharged not recovered, and 16 have died.

The patients discharged as not recovered were, in 5 instances, transferred to other institutions, and in 6 cases handed over to the care of relatives.

The deaths were the results of natural causes, with the exception of 1 case, in which an accident involving the fracture of the sixth and seventh ribs of the left side hastened the death of a man who was enfeebled in his general health. The accident in question was caused by the patient slipping and falling when coming out of a bath. Three deaths were due to cardiac disease, 3 to tubercular affections, 2 to interstitial nephritis, 1 (above noted) to fracture of ribs and penetration of the right pleura, 1 to chronic bronchitis, 1 to pneumonia, 1 to epilepsy, 1 to general paralysis of the insane, 1 to senile decay, 1 to exhaustion from acute mental disease, and 1 to cerebral softening. The causes of death were verified in 15 instances by means of *post mortem* examination. It is a commendable feature and illustrative of the thoroughness with which the medical work is performed that such a large number of examinations was made. The results of these examinations are carefully recorded. It may be stated here that the medical

case books are kept with much care and assiduity, and the care and treatment of the patients were in every respect of a commendable description. The work of the medical staff is assisted in an able manner by an adequate and well-trained nursing staff.

Neither restraint nor seclusion has been used.

One patient escaped and is still at large. No fears were entertained either for the patient's welfare or on account of dangerous tendencies.

In addition to the accident already recorded, a woman accidentally swallowed the lower plate of her artificial teeth. It was successfully removed by operative procedure, and the patient has regained her health.

A large number of the patients of both sexes were suitably and beneficially occupied in varied useful ways.

Throughout the whole Institution the several sitting-rooms and dormitories were found in a praiseworthy condition. The clothing of the patients was ample, neat, and suitable. The patients were seen enjoying a substantial, well-cooked dinner of soup, stewed beef, bread, and potatoes.

The extensive additions which the District Board have planned and sanctioned have been commenced. The two villas are much required for the immediate and increasing wants of the district. The erection of a home for the nurses is a most praiseworthy step, and is in accordance with the best interests of the staff.

The management of the Institution continues to be most efficient and of a conscientious description.

The statutory registers were examined and found to be correct.

ROXBURGH DISTRICT ASYLUM,
16*th May* 1913.

There has been an increase of 5 in the number of patients on the register since the previous visit of 16th October 1912. The number of patients resident in the Institution on the day of the visit was 322. All these patients were seen. There were in addition to the resident number 5 patients on the register who were absent on probation.

Of the total number (327) of registered patients, 28 are of the private class, the remainder are chargeable to parishes subserved by the Institution.

Thirty-seven patients have been admitted, 16 have been discharged as recovered, 9 have been discharged as not recovered, and 7 have died.

The cause of death was, in 3 instances, pulmonary tuberculosis, in 2 heart disease, and in 2 general paralysis of the insane. Verification of the cause of death was made by *post-mortem* examination in every case. This is a most creditable and desirable attainment.

The number of entries in the Register of Restraint and Seclusion was 7. They referred to the seclusion of 1 man for short periods owing to dangerous excitement. There has not been any escape.

There were 5 entries in the Register of Accidents. Three of these were of minor importance, the others had reference to fractures of the femur in 2 patients. Both of these accidents were caused by the patients in question slipping on the polished floor.

Twenty-four patients were confined to bed—10 of them for treatment of mental symptoms, and 14 on account of bodily illness. The condition of these patients as regards nursing and medical care was excellent. The nursing is of a high standard and thoroughly practical, and the medical care of the patients in hospital, as elsewhere throughout the Institution, is all that could be desired.

The majority of the patients were seen out of doors, and those who were physically and mentally fit were beneficially employed at varied occupations.

The clothing of all the patients was neat, tidy, and comfortable, and the several sitting-rooms and dormitories were bright, scrupulously clean, well ventilated, and in every way suitably arranged for the material welfare and mental improvement of the occupants.

Twelve nurses and attendants have been engaged in the Established service, and a similar number has resigned from that service.

The patients were seen at dinner, which consisted of fresh fish, potatoes, bread, and stewed rhubarb. A number of the patients expressed satisfaction with the food, which was well cooked, ample, and appetising.

Two patients desired to be liberated, but on account of the marked delusions of persecution and grandeur which they had, it was not considered expedient either in their own interests or for the safety of others to accede to their desires.

The general management of the Institution is painstaking and most efficient.

The statutory registers were examined and found to be correctly kept.

ROXBURGH DISTRICT ASYLUM,
30th October 1913.

There were 321 patients, 166 men and 155 women, on the register of the asylum to-day. Of these 9 men and 14 women were private patients. Six patients were absent on statutory probation; all the others were resident and were seen in the course of the visit.

Since the previous visit on the 16th May of this year, 32 patients have been admitted, 25 have been discharged of whom 9 were unrecovered, and 13 have died.

The causes of death, verified by *post mortem* examinations in 9 instances, are registered as follows: 5 cases died of senile and other gross changes of the brain, 3 died of heart disease, 3 of pulmonary phthisis, 1 of general paralysis, and 1 of cancer. The 3 deaths from phthisis occurred in female patients, but 2 of them, admitted respectively this year and last, were probably suffering from the disease at the time of admission. The only cases of active phthisis at present in the asylum are 2 female patients.

There are 19 entries in the Register of Restraint and Seclusion referring to the seclusion of a male and a female patient, both of whom were secluded for about 7 hours on each occasion on account of excitement attended by dangerous violence.

The Register of Accidents contains 3 entries relative to the following:—(1) a female patient suffering from degeneration of the bones and constantly confined to bed was found to be suffering from a fracture of the leg and a fracture of the thigh. As there were no marks of injury and no account of any struggle, and as a similar injury had previously been observed in this patient without any apparent cause, it is supposed that the fractures were due to the friability of the bones and occasioned by some unusual movements on the part of the patient. (2) A female patient, who was old and restless, slipped on the floor and sustained a fracture of the neck of the femur. The patient, who suffered from heart disease and senile degeneration, died a few weeks after the injury. (3) A male patient was found, on examination shortly after admission, to be suffering from fracture of two ribs. There are reasons for believing that the injury causing the fractures was sustained prior to admission.

Two patients escaped and were each absent for at least one night before being brought back.

The changes among the nurses and attendants consist in the voluntary resignation of 4 men and 4 women and the engagement of 4 men and 3 women.

The care of the patients is uniformly and consistently good. Much attention is devoted to their comfort, which is to a considerable extent promoted by a satisfactory method of classification whereby the infirm and the sick, the more restless and troublesome, and the quiet working inmates are, as far as possible, segregated, and receive appropriate supervision adapted to the requirements of each of these classes.

This supervision, combined with the large amount of individual attention which is properly given to the patients is no doubt responsible for the generally quiet and orderly conduct which was noticeable at the visit, as well as for the comparative absence of complaints.

An excellent and liberal dinner was served in the dining-room. It consisted of broth with rolls, boiled meat (in some instances mince), and two vegetables. Some patients on special diet received a milk pudding in addition. It was evident that the meal was heartily appreciated.

The state of good order in which the whole interior of the Institution is kept cannot be too highly commended. The temperature of the rooms, their ventilation, their brightness, and their cleanliness were in all respects satisfactory.

The official registers were examined and found correct.

STIRLING DISTRICT ASYLUM,
10th and 11th June 1913.

On the 3rd December last—the date of the previous visit—the number of patients on the register was 775 ; on the 10th instant it was 788. There has been a gradual increase in the population of the asylum during the past fifteen years, and that notwithstanding that every effort has been made to reduce the numbers resident by the discharge of all patients who were fit to live outside the asylum. The persistently high admission rate, which, in proportion to the available accommodation of the institution, is one of the highest in Scotland, and the large proportion of senile, weakly, and unrecoverable cases among the admissions has ultimately had the effect of increasing the population of the asylum beyond the limits of the accommodation. The District Board must, therefore, it is feared, take the circumstances into their immediate consideration with a view to extending the asylum. A general review of the patients and of the accommodation made at this visit produced the impression that the greatest strain is upon the male side of the Institution, and that the hospital accommodation is too small. There were 9 patients in the male wards of the hospital above the proper number, and it was evident that many patients have to be removed from the hospital to other parts of the asylum sooner than would have been the case if there had been sufficient room for them in that building. If the above view is correct, it indicates that the District Board should consider whether any further extensions should not be of a hospital character. If they decide accordingly, there appear to be only two alternatives, namely, either to add wings to the existing hospital or to erect a second separate hospital for one sex. The difficulties of adding to the present hospital are probably so great that that alternative may be dismissed as impracticable.

Since the asylum was last visited 134 patients have been admitted, 56 have been discharged recovered, 22 unrecovered, and 43 have died.

The causes of the 43 deaths, which, in the highly creditable proportion of 79 per cent., were verified by *post mortem* examinations, are registered as follows : Diseases of the heart or blood vessels, 21 cases ; pneumonia or congestion of the lungs, 6 cases ; senile and other gross diseases of the nervous system, 6 cases ; phthisis, 5 cases ; general paralysis, 4 cases ; and enteric fever, 1 case.

There are no entries in the Register of Accidents or in the Register of Restraint and Seclusion. Two patients escaped and were each absent for at least one night before being brought back.

The ordinary staff of nurses and attendants numbers 97 persons. Twenty-four entered the probationary service, 4 resigned, and 10 were transferred to the established service. Twenty-seven entered the established service, 24 resigned, 3 were dismissed, and 2 died.

Three patients were absent, 1 on probation and 2 on pass. All the others were seen in the course of the visit, and their condition was eminently satisfactory. Five hundred and five of them, or about 65 per cent., were working usefully and in good average health, and 280 were unemployed for reasons affecting their health. Of the latter number, 115 were confined to bed.

The Institution was in excellent order in every department.

The work of removing the old steading and erecting a new one situated a little farther away from the Succursal Block is completed, and a most beneficial improvement has been thus effected. A new gate lodge has been erected at the new entrance to this part of the grounds, and this house, which is of good design, is to be allocated to one of the upper officials. The new boundary wall around the asylum estate has been completed, and is also a distinct improvement.

It is gratifying to observe from all these improvements, and many others too numerous to mention, that the District Board and their Medical Superintendent, Dr. Campbell, fully realise that this asylum must be constantly adapted to the requirements of the rapidly increasing population of the large industrial community which is serves.

The official registers, on examination, were found to be correct and neatly kept.

STIRLING DISTRICT ASYLUM,
16th December 1913.

Since the previous visit of 10th June 1913, the number of patients on the register has increased by 20. This increase has occurred notwithstanding the fact

that there has been, as the sequel will show, a recovery rate slightly above the average for Scottish Institutions, and an active discharge of unrecovered patients. In the districts subserved by the Institution there is an annual increase in the population. The increase above noted cannot therefore be regarded as abnormal.

In view of these considerations and the remarks made in the previous report, it was learned with satisfaction that the District Board intend to provide further accommodation in the nature of an additional hospital.

There were 801 patients resident and 7 absent on probation. All the resident patients were seen, and each given an opportunity of making any desired statement. There were no reasonable demands for discharge from the Institution, and an entire absence of complaints. This is unusual in a large institution, and testifies to the excellent relations existing between the patients and staff.

One hundred and fifty-six patients have been admitted, 62 have been discharged as recovered (this represents a percentage of 39·7 calculated on the rate of admissions), 35 were discharged as not recovered, and 39 have died.

The patients discharged as not recovered were, in 11 instances, sent to the care of friends, 4 were boarded in the country with private guardians, 6 were transferred to other institutions, 11 were discharged to the poorhouse, 2 were removed to England, and 2 to Ireland.

The causes of the deaths were all natural. Ten died of heart disease, 9 of tuberculosis—chiefly of the lungs—7 of general paralysis of the insane, 4 of senile decay, 3 of cerebral softening, 2 of chronic nephritis, 2 of exhaustion from acute mental disease, 1 of cerebral haemorrhage, and 1 of cerebral abscess. The cause of death was verified by *post mortem* examination in every case in which permission was obtained. The opportunity was taken of visiting the laboratory, where important work, bearing largely on the care and treatment of the patients, was being carried out with ability and success.

There were 121 patients confined to bed in the hospitals. These were being most efficiently nursed by a large staff of skilled nurses. The medical attention given to these patients and to all the patients is unremitting and of a high order, as is shown by the exact knowledge of the individual patients, the manner in which the medical books are kept, and by the absence of the use of restraint and seclusion.

One patient escaped and was absent for at least one night before being brought back. There were no serious accidents.

The dormitories on the female side of the succursal block have been rendered more efficient for observation purposes by the removal of the wooden partitions surrounding many of the beds, and it is proposed to carry out a similar improvement on the male side. The beds and bedding were found in good order and of a most comfortable description throughout the Institution. The day-rooms were bright, clean, and well ventilated.

The material wants of the patients as regards personal clothing and food were amply attended to. A large number were occupied at varied labours of a nature beneficial to their mental and bodily states, and amusement in their hours of leisure was well provided for.

The nursing staff is kept at an adequate strength.

The management of the Institution continues to deserve praise for the progressive and able manner in which it is carried on.

The statutory registers were examined and found to be correctly kept.

PRIVATE ASYLUMS.

Balgreen Private Asylum, *30th May* 1913.

Six ladies and 1 gentleman were in residence. The gentleman is a voluntary inmate, while the ladies are registered patients.

With one exception the patients had nothing to complain of. The exception —a lady—while acknowledging that she received every attention that her condition required, was desirous of a change. As there was no question of her

insanity, the lady was referred to her legal guardians with respect to the gratification of her desire.

The patients were found to be enjoying fair health. They receive all necessary attention, and are most comfortably provided for.

BALGREEN PRIVATE ASYLUM,
12*th December* 1913.

There are only 3 ladies in the asylum at this date. Since the previous visit 1 gentleman and 3 ladies have been discharged. There have been no deaths. Owing to the death of Sir John Batty Tuke, the conduct of the Establishment as a private asylum will cease within the next few months, and arrangements are being gradually made for the removal of all patients. The official registers are correctly kept.

NEW SAUGHTON HALL PRIVATE ASYLUM,
30*th May* 1913.

The following changes have taken place since the Institution was previously visited on 6th December 1912: 3 gentlemen have been admitted, 1 gentleman has been discharged as recovered, and 1 lady and 1 gentleman have died. The number on the register at the date of the visit was 70. In addition 8 voluntary inmates were in residence.

The causes of the 2 deaths were cerebral softening and heart failure with asthma, and the ages were 61 years and 66 years respectively.

Two patients were confined to bed for treatment of bodily illness. The care and surroundings of the patients in the hospitals were of a skilled and excellent description.

One accident was recorded involving a fracture of a rib on the left side. The gentleman concerned was resisting his being put back to bed by an attendant when he slipped on the polished floor and, his side coming in contact with the bedstead, the fracture resulted. No blame was attributed to the attendant.

The asylum was found in good order, and on close inspection it was evident that nothing was left undone to promote the welfare of the patients.

One of the patients requested an interview. This was given to her, but her complaints were evidently due to the beliefs that unseen agencies were persecuting her by means of electricity.

The patients were individually seen, with the exceptions of 1 gentleman who was absent on probation, and 9 who were enjoying the advantages of the seaside residence at Gullane.

The case books were well kept, and the statutory registers on examination were found to be correctly kept.

NEW SAUGHTON HALL PRIVATE ASYLUM,
16*th December* 1913.

When the asylum was last visited on the 30th May of the present year there were 78 patients on the register, of whom 70 were certified and 8 were voluntary inmates. Since then 6 patients have been admitted, 6 have been discharged, and 3 have died.

At this date there are 75 patients on the register, 31 gentlemen and 44 ladies. These figures include 2 gentlemen and 9 ladies who are voluntary inmates. All the patients were resident, and they were all seen in the course of the visit.

The causes of the three deaths are registered as heart disease in two instances, and epilepsy with syncope in one instance. There have been no accidents, no escapes, and no recourse to the use of restraint or seclusion.

Interviews were granted to 2 patients who appealed for release, but it was evident that both of them required some form of care and supervision.

The management of the asylum by Dr. Tuke is painstaking and conscientious. He possesses an exhaustive knowledge of the symptoms and requirements of the patients, and the case books, which are kept with praiseworthy regularity and system, contain detailed and useful information regarding each patient.

The Institution was found in its usual admirable order, every room without exception being neat, nicely decorated, properly heated and ventilated.

The offiical registers were examined and found correct.

WESTERMAINS PRIVATE ASYLUM,
4th July 1913.

There are 5 patients, 2 gentlemen and 3 ladies, in the asylum at this date. One of the ladies was confined to bed, the other patients were in good physical health, and they all bore evidence of kindly care and attention. There has been no change in the number resident since last visit, and the same patients were seen as on the occasion of the previous visit; consequently there has been no entry in any of the official registers. The house is maintained in its usual good order.

WESTERMAINS PRIVATE ASYLUM,
15th November 1913.

Two gentlemen and 3 ladies—the patients in this Institution—were seen during the visit. They were all enjoying good health, and presented in their persons and surroundings the evidence of sufficient, kind, and capable care.

The Institution was in good order, and Mrs. Lawrie leaves nothing undone to promote the comfort and well-being of the patients.

The registers are correctly kept.

PAROCHIAL ASYLUM.

GREENOCK PAROCHIAL ASYLUM,
28th January 1913.

The asylum was last visited on 18th September 1912, when there were 210 patients resident. Since then 26 men and 8 women have been admitted, 6 men and 5 women have been discharged, and 6 men and 3 women have died.

There are at this date 224 patients on the register, of whom 128 are men and 96 women.

All the patients were resident, and were seen in the course of the visit.

The deaths are registered as due to senile decay in 2 cases, to heart disease in 2 cases, and to the following diseases in one case each:—phthisis, general paralysis, exhaustion from acute mania, and epilepsy. One patient died as the result of scalding, which occurred while he was being bathed. *Post mortem* examinations were made only in 3 instances. It is highly desirable that an effort should be made to obtain the sanction of the relatives to such examinations, whenever it is possible to do so.

The death from scalding is the only accident which has happened to any of the patients in the interval since the previous visit. The subject—a male patient—suffered from general paralysis, and was constantly confined to bed. His habits were faulty, and he required to be often cleaned. On the evening of 2nd January last he was taken into the bathroom for this purpose by one of the junior attendants. While the attendant was engaged in running the water into the bath, and when his back was turned, the patient, according to the attendant's statement, stepped into the bath and slipped down, with the result that he was severely scalded and died 15 hours later. This fatality was immediately reported to the Procurator Fiscal, who held an inquiry at the asylum, as the result of which he decided that no criminal proceedings could be taken against the attendant for culpability in the performance of his duties. The attendant who bathed the patient was, after the Fiscal's investigation, dismissed by the asylum authorities on the ground that he had infringed the rules of the asylum, with regard to the bathing of patients. The charge attendant was asked to resign on the ground that he had entrusted a responsible duty to a junior attendant. An inquiry into the same matter has been held at the instance of the General Board of Lunacy.

There are no entries in the Register of Restraint and Seclusion. A male patient escaped, and was absent for 19 days from the asylum before being brought back.

The patients as a whole presented a healthy, well-cared-for appearance. They were suitably and warmly clad, and the dinner provided in the dining-hall to-day, which consisted of Scotch broth, boiled beef, and bread, was a well-cooked, liberal, and nutritious meal. Of the 224 patients in the asylum, 145, or 65 per cent., were sufficiently ablebodied to engage in ordinary out-door and domestic forms of work. Seventy-nine patients—41 men and 38 women—were infirm and unable for work. Of the latter number 20 were confined to bed for the treatment of mental symptoms, for bodily illness or on account of senile infirmity. The care and the nursing of these patients in the hospitals attached to the male and female side respectively were in all respects satisfactory. It was particularly observed that the medical treatment of these patients receives more than ordinary attention from Dr. Laurie and Dr. Rutherfurd, the resident Medical Officer. All the more modern forms of treatment are liberally resorted to and, in many cases, with marked success.

The wards and dormitories were found clean and in good order, and the heating and ventilation of the rooms is carefully attended to. Inquiry elicited the fact that there are only 2 patients in the asylum—a man and a woman—suffering from phthisis. This immunity from active phthisis is probably attributable to the careful ventilation and the feeding of the patients.

Since the last visit, 12 boarders have been received from the Glasgow authorities. Of the 12 all are male patients.

Among many minor structural alterations which have recently been completed, it was observed that brightly coloured cork carpet has been laid down on all the corridors on the ground floor of the asylum. This has had an excellent effect in not only deadening the sound of feet, but also in brightening the corridors. The whole of the male side is being repainted, and at present the outlying part of the male side, known as Number 3, is being repainted, and the wash-hand basins in that division are being renewed. In the meantime the patients occupying Number 3 have been removed to the other outlying division of the male side known as Number 2. It is learned that this latter division is about to be repainted, and that wash-hand basins are to be placed in the recess of the stair landing on the first floor. This division has never been regarded as very suitable for accommodating patients, and it compares most unfavourably with other parts of the asylum. If it is to be continued in use as accommodation for lunatics, it is strongly urged upon the Asylum Committee that radical changes and improvements should be made on the interior of the building. In addition to the painting of the walls of the staircase and all the rooms in bright enamel colours (for it must be remembered that this division is only lighted on one side), some form of artificial heat should be introduced into the staircase or into the individual rooms, and the whole furnishings of the rooms should be renewed and made more comfortable.

The books and registers were examined and found correct.

GREENOCK PAROCHIAL ASYLUM,
19*th September* 1913.

Compared with the number on the register on 28th January 1913, the date of the previous visit, there is a decrease of 1.

All the patients—223—were individually seen, and were found in good health generally. There was a relatively large number of patients labouring under sub-acute excitement, and as there are at present no means of special treatment by hydropathic and electrical appliances—remedies found to be most useful in such cases—the Parish Council are asked to consider the advisability of providing the appliances in question.

Thirty-eight patients have been admitted, 25 have been discharged as recovered, 3 have been discharged not recovered, and 11 have died. The large proportion of patients who have been discharged as recovered has prevented what, in normal circumstances, would have been an increase in the number in the Institution. Calculated on the admission rate, this proportion is 65·8 per cent.; it is thus 28·4 per cent. higher than the average recovery rate of Scottish asylums generally—a fact that reflects much credit on the medical staff.

Four patients died of the exhaustion from mental disease, 2 of senile decay, 1 of general paralysis of the insane, 1 of cerebral softening, 1 of pulmonary tuberculosis, 1 of pneumonia (secondary to cut throat, self inflicted, and previous to admission), and 1 of pulmonary congestion.

Seventy-two patients were confined to bed in the hospitals for treatment of mental or bodily disease or a combination of these conditions. The hospitals were found in good order, and the nursing is capable and efficient. In the male hospital some of the patients have the advantage of treatment in the open air.

There were 72 entries in the Register of Seclusion. They refer to the seclusion of 3 persons for a few hours for each entry on account of violent and dangerous tendencies. There is no doubt that this large amount of seclusion would be much lessened if the Parish Council introduced means for the more appropriate treatment of these cases, as previously adverted to.

There have been no escapes.

The suitable and beneficial employment of the patients was adequately attended to.

Two accidents were recorded: 1 man fractured a rib by falling out of bed; another male patient inflicted a wound on his right wrist by dashing his hand through a window.

Dinner of broth, bread, fresh herrings, and potatoes was served to the patients. The dinner was well cooked, sufficient, and appetising.

The patients were comfortably clad, and their well-being amply looked after in the sitting-rooms and dormitories, which were all found to be scrupulously clean.

A large amount of repainting has been done throughout the Institution, and it was noticed with approval that three blocks of houses, to accommodate 12 tradesmen and attendants, were in course of erection. Nothing conduces to the welfare of the patients so much as a staff of nurses and attendants who intend to make the work of asylum nursing their life work, and the opportunities afforded to the attendants of marrying are steps in this direction.

In the previous report radical changes in Number 2 Division on the male side were recommended. These have not been carried out, and as it is proposed to introduce 20 boarders from Glasgow Parish to this Division, it is strongly urged that improvements to bring this Division into line with the other parts of the Institution should be carried out at once. It is true that the patients at present accommodated in this part of the building are out-of-doors working most of the day; but there must be many days in the year when these patients have to be indoors, and it is only fair to the most deserving class that their surroundings should be as bright, cheerful, and comfortable as they can reasonably be made.

The administration of the Institution is ably conducted.

The case books are well kept, and the statutory registers were found on examination to be correct.

LUNATIC WARDS OF POORHOUSES.

Lunatic Wards, Buchan Poorhouse,
28*th January* 1913.

There are to-day 49 inmates on the register of these wards. This number consists of 24 men and 25 women.

Since the previous visit 1 man and 1 woman have been admitted, 1 woman has been transferred to the asylum, and 2 women have died.

The causes of death were due to general debility in 1 instance, and to dropsy and Bright's disease in the other.

The patients were individually seen, and were found to be in the enjoyment of fair health.

Three women were confined to bed on account of physical weakness and senile decay.

The patients were neatly and comfortably clad, and showed every appearance of good care.

The day-rooms were well heated, adequately ventilated, and bright. The beds and bedding were observed to be in excellent order, and everywhere there was marked cleanliness.

The dinner for the day consisted of pea soup, bread, and suet dumpling.

One male attendant was engaged to fill a vacancy caused by resignation.

The management of the wards is kindly, considerate, and of a thoughtful nature, and earns commendation.

The statutory books, on examination, were found to be regularly and correctly kept.

LUNATIC WARDS, BUCHAN POORHOUSE,
27th June 1913.

There are 49 patients, 25 men and 24 women, resident to-day. Since the 28th January last, the date of the previous visit, 1 man has been admitted, and 1 woman has died. The cause of death is registered as disease of the heart.

The condition of the patients, as seen to-day, was satisfactory. Eighteen of the men and 18 of the women were working, and 7 men and 6 women were physically unfit for work—one woman was confined to bed.

Notwithstanding the disorder caused by the introduction of a new heating system into the poorhouse, the wards were bright and clean, and the arrangements for the care and comfort of the patients continue to be as good as could be desired.

A male patient sustained a slight accident which resulted in a bruise of the arm while engaged in farm work. There has been no other casualty.

A female patient suffers from tubercular glands in the neck, which require more care than it is possible to bestow upon her here. She should be removed to the asylum.

The official registers were examined and found regularly and correctly kept.

LUNATIC WARDS, CUNINGHAME POORHOUSE,
1st March 1913.

There were 84 patients, 42 men and 42 women, in the wards at this date. They were all resident and were all seen in the course of the visit.

Since 8th August 1912, the date of the previous visit, 1 man and 1 woman have been admitted, 1 woman has been discharged, and 4 men and 2 women have died. The causes of death are registered as pulmonary phthisis in 3 cases, and intestinal obstruction, heart disease, and senility in 1 case each. *Post-mortem* examinations were made in 2 instances. In the other 4 instances the consent of the relatives was withheld. Although 3 of the deaths were due to phthisis, it is learned with satisfaction that none of the inmates of the wards suffers at present from active phthisis.

The condition of the patients as a whole was very satisfactory. They were quiet and contented, and there was abundant evidence that all their wants are properly attended to. Sixty-one of the inmates were working at the time of the visit, and 23 were, owing chiefly to senility or infirmity, incapable of employment. One woman was confined to bed on account of senile debility.

The wards and dormitories were in good order and scrupulously clean. It is recommended, in view of the large number of infirm inmates, that a few basket arm-chairs should be provided for each day-room. These can be procured at trifling cost and would add greatly to the comfort of the patients.

The Register of Accidents contains 3 entries referring to minor accidents, which do not call for observation. One female patient escaped and was absent for at least one night before being brought back.

It is recorded with regret that Dr. Garrey, the Governor, has resigned his appointment in order to enter an important post under the Ayr County Council. During Dr. Garrey's term of office the lunatic wards have been completely renovated, and his administrative duties, so far as concerns the lunatic inmates, have been performed with ability and marked success.

The official registers were examined and found correct.

LUNATIC WARDS, CUNINGHAME POORHOUSE,
8th September 1913.

There are 46 men and 44 women—90 in all on the register—an increase of 6 since the previous visit of 1st March 1913.

Nine patients have been admitted, 1 man was discharged not recovered to the care of his friends, and 2 women have died.

The cause of death was in the one case senile decay, and in the other intestinal obstruction. Seventy-one patients were found employed at varied and suitable occupations.

Two women and 1 man were confined to bed, on account of their weak physical health. The patients generally were found in good health, and their care appeared to be conscientiously and capably attended to.

The sitting-rooms and dormitories were clean, well ventilated, comfortable, and in good order.

Mr. Gillespie, who had practical experience in the care of mental cases at Riccartsbar Asylum, has been appointed Governor in place of Dr. Garry, whose resignation was noticed in the previous report.

The statutory registers were found on examination to be well and correctly kept.

LUNATIC WARDS, DUMBARTON POORHOUSE,
4th March 1913.

Since 25th October 1912, the date of the previous visit, there have been no admissions to the wards, while 1 man has been discharged unrecovered, and 1 woman has died. The numbers at present resident are 30 men and 27 women. They were all seen in the course of the visit.

Three female patients were confined to bed, and 1 male patient, though not confined to bed, is suffering from active phthisis, with cough and expectoration. As there are no means of isolation or of open-air treatment in the Institution, and as a case of this kind is a source of infection to the other patients, it is recommended that the patient in question, should be removed to the asylum, where he can receive sanatorium treatment.

The cause of the single death is registered as pneumonia, and a *post-mortem* examination was made. The Register of Accidents contains one entry, referring to a compound fracture of the finger of a female patient, caused by the accidental closing of a door on the finger.

Except for the fact that 10 of the 27 female patients are feeble and infirm, the general condition of the inmates of the wards was entirely satisfactory. The dinner provided for them to-day was a liberal and nutritious meal. Those of the patients who were conversed with, and who appeared most likely to be able to make reliable statements, had no complaint to make of their care or treatment. The wards and dormitories were found in good order, clean and bright.

It is understood that the Committee have at present under their consideration the proposal to ensure the proper separation of the sexes, to which reference was made in the previous entry.

The official registers were examined and found correct.

LUNATIC WARDS, DUMBARTON POORHOUSE,
4th November 1913.

On 25th April of this year fire broke out in this Poorhouse, and was of so destructive a nature as to involve the major portion of the whole buildings, including two of the dormitories occupied by lunatic patients. Fortunately, none of the inmates was injured, but in consequence of the loss of accommodation 19 patients were removed (1 to Stirling District Asylum and 18 to Paisley Poorhouse). At to-day's visit there were 36 inmates—18 of each sex. With the exception of one woman, who was confined to bed owing to a slight paralytic seizure, these patients were well and presented in their appearance and clothing evidence of good care. The sitting-rooms and dormitories were found in excellent order.

The previous visit was made on 4th March, and, since then, with the exception of the numbers already adverted to, as having been removed, there has been only one change. This refers to the death of a woman at the age of 80 from senile decay.

A nurse has been engaged to fill a vacancy caused by resignation.

In spite of the difficulties caused by the fire, the management of the patients is of a commendable and conscientious nature.

The statutory registers were examined and found to be correctly kept.

LUNATIC WARDS, DUNDEE EAST POORHOUSE,
23rd April 1913.

There are 88 inmates in the wards as compared with 82, the number resident on 26th November 1912, the date of the previous visit. There has therefore been an increase of 6.

Seven patients have been admitted, and 1 has been discharged to the poorhouse.

The patients were found in good health generally. Thirty-seven men and 33 women were sufficiently healthy in body to engage in varied occupations; the others were mainly infirm and senile, and required the special care which is satisfactorily given to them. Two men and 2 women were confined to bed by reason of bodily illness and infirmity.

The wards were found in good order; the wants of the several inmates were liberally supplied, and the management is successful in all respects.

One nurse and 1 attendant were engaged to fill vacancies caused by resignation.

The statutory registers on examination were found to be correctly kept.

LUNATIC WARDS, DUNDEE EAST POORHOUSE,
13th October 1913.

There are 88 inmates on the register of the Institution at present, of whom 46 are male and 42 are female. All were seen in course of the visit. The total number is the same as at last visit on 23rd April, but since that date the following changes have taken place: 2 men and 3 women have been admitted, 2 men have been discharged as recovered, 1 man has been discharged not recovered, and 2 women have died. The deaths are registered as due to (1) suppurative peritonitis, and (2) perforation of the bowel. In both cases the cause of death was verified by *post mortem* examination.

There have been no cases of restraint or seclusion, no escapes, and no accidents during the period under review.

The inmates, on the whole, were in excellent health, clean, comfortably clad, and remarkably free from excitement. Thirty-six men and 35 women were employed at useful work. Of these 20 men were engaged at garden or field labour, and 21 women were engaged at laundry work. Only 1 woman was confined to bed, and her illness appeared to be comparatively slight.

Dinner was seen served in both male and female dining-halls. It consisted of broth, cold boiled beef, and bread. The quantity of broth and bread was unlimited, and the beef was a fairly liberal ration. The dinner was served in an orderly manner, and all who were spoken to expressed their appreciation of it.

The day-rooms and dormitories were thoroughly clean, and the beds comfortably and amply covered.

Since last visit 1 male and 2 female attendants have resigned, and a similar number have been engaged to fill their places.

The wards appear to be very well managed, and the relations between the inmates and staff are friendly.

The books and registers were examined and found correct.

LUNATIC WARDS, GOVAN POORHOUSE,
8th May 1913.

There are 197 patients—99 men and 98 women—in the wards at this date. They were all resident and were seen in the course of the visit. Since the 20th September 1912, the date of the previous visit, 9 patients have been admitted, 2 have been discharged unrecovered, and 9 have died. The deaths are registered as due to phthisis in 4 cases, to pneumonia in 3 cases, and to cerebral haemorrhage and cancer each in one case. *Post mortem* examinations were made in 7 instances.

Three accidents are recorded, namely, a sprain of the left foot due to slipping and falling, and a fracture of the tibia and an incised wound of the face, both caused by falling during epileptic seizures. There are no entries in the Registers either of Restraint and Seclusion or of Escapes.

Out of a total staff of 17 persons, 5 male and 1 female attendants resigned, and 4 male and 1 female attendants were engaged. The sudden death, a few days ago, of Mr. Burness, for many years head attendant in the male division of the wards, is recorded with great regret. He was kind to his patients in whose welfare he was keenly interested, tactful with his subordinates, and a faithful official.

One hundred and forty-five patients, or 73 per cent. of the whole, were industrially employed to-day. Of the male patients 37 were working in the grounds and gardens. Fifty-two patients—30 men and 22 women—were, for various reasons, unemployed, and of that number 12 persons—3 men and 9 women—were confined to bed.

The inmates were exceptionally quiet and orderly, and their dress and personal appearance indicated that sufficient care and attention are bestowed upon their comfort and welfare. A very palatable dinner of broth and Irish stew, containing a liberal quantity of excellent mutton, was served in the dining-hall to-day, and the meal was evidently highly appreciated by the patients.

The cleanliness, the ventilation, and the general good order of the wards again attracted favourable notice.

The official registers were found to be regularly and correctly kept.

LUNATIC WARDS, GOVAN POORHOUSE,
3rd October 1913.

These wards were carefully inspected to-day and found in their usual good order. The sitting-rooms were bright, well ventilated, and adequately furnished; the dormitories clean, airy, and comfortable, and the beds and bedding were all that could be desired.

The patients gave every indication in their persons that their material wants are sufficiently attended to, and their clothing was neat and serviceable. There were no complaints of any kind.

The dinner for the day consisted of broth, bread, boiled mutton, and potatoes. The food was well cooked and ample in quantity.

The number of patients on the register was 198—an increase of 1 when compared with the corresponding number on 8th May 1913—the date of the previous visit. Six patients have been admitted, 1 has been transferred to another institution, and 4 have died. The cause of death was in 3 instances interstitial nephritis, and in 1 epilepsy. In 2 of the deaths the cause was verified by *post mortem* examination.

Nine patients were confined to bed in the hospitals for treatment mainly of physical conditions. One patient sustained a severe strain of the left ankle by falling on the polished floor. Otherwise there has not been any untoward incident.

The work of the patients continues to be thoughtfully planned so as to occupy them to the fullest extent possible, and for the benefit of their several mental states. It was noticed with approval that the new house at the bowling-green has been completed, and the enjoyment and comfort of the patients in their hours of amusement have been thus added to.

Two attendants have been engaged to fill vacancies caused by resignations.

The wards continue to be well and carefully managed, and the medical care of the patients is most praiseworthy.

The statutory books and registers were on examination found to be accurately kept.

LUNATIC WARDS, INVERESK POORHOUSE,
7th March 1913.

The number of inmates on the register is 30, 14 men and 16 women. All were seen during the visit. With the exception of 1 woman and 1 man who were confined to bed on account of influenza and cardiac dropsy respectively, the patients were in the enjoyment of fair health.

Since the previous visit of 10th September 1912, there has not been any admission, discharge, or death, nor has there been any untoward incident.

The majority of the inmates were found suitably occupied. In addition to the 2 who were confined to bed, 6 were in an enfeebled state of body and unable to engage in any work.

The clothing of the patients was comfortable and sufficient, and the state of the dormitories was creditable in all respects.

One attendant has been engaged to fill the place of another who has taken the cook's place in the Institution.

The medical and statutory registers were on examination found to be correctly kept.

LUNATIC WARDS, INVERESK POORHOUSE,
23*rd September* 1913.

The number of inmates on the register remains unchanged since the previous visit of 7th March 1913, viz., 14 men and 16 women, all of whom were seen.

Since last visit there has been no admission, discharge, or death.

One aged male patient is confined to bed, suffering from senile changes and dropsy; the remaining 29 are in either good or very fair health, their bodily nourishment giving proof of an ample dietary.

The patients were quiet and well behaved at the visit. They were well and tidily clothed, and evidently appreciate the kindness and care with which they are treated.

The wards and dormitories are clean, wholesome, and orderly. Of the total number, excluding the 1 patient confined to bed, and 3 male and 3 female patients who are unfit for employment because of their mental condition, 9 assist in the wards, 6 work in the garden, 3 in the kitchen, 2 in the laundry, 2 at knitting, and 1 is employed splitting firewood.

There has been no change in the staff since last visit, except the temporary engagement of a male attendant in the place of an attendant on the sick-list.

The medical and statutory registers were examined and found correct.

LUNATIC WARDS, KINCARDINE POORHOUSE.
24*th March* 1913.

There are 20 men and 21 women in these wards. They were all seen. One man was desirous of being discharged, and was given an interview. It was not considered advisable to accede to his request, as, in addition to his marked mental enfeeblement, he is not in a good physical condition, and would not be able to take adequate care of himself or earn his own living.

One man was confined to bed on account of cardiac disease.

The inmates were in good health generally, and most comfortably provided for.

Nineteen of the men and 15 women were engaged in varied forms of employment.

There has not been any untoward incident since the previous visit of 22nd June 1912.

One man and 1 woman have been admitted, and 2 men and 2 women have been discharged not recovered.

One attendant resigned for another situation, and 1 nurse resigned on account of ill health.

The Committee contemplates increasing the accommodation. Before a decision on this question is finally arrived at, it is suggested that adequate sitting-room space should be given to the several inmates, and an opportunity taken of making the water-closet, bathroom, and boot-room accommodation sufficiently ample and modern in nature.

The wards are most capably managed.

The statutory books were examined and found to be correct.

LUNATIC WARDS, KINCARDINE POORHOUSE,
23*rd July* 1913.

These wards were last visited on 24th March last. Since that date there have been no admissions, no discharges, and no deaths. The population, therefore,

remains the same, viz., 20 males and 21 females—41 in all. All the inmates were seen in the course of the visit, and, with the exception of 1 man, who is recovering from pleurisy, all appeared to be in good health. All the men, with the one exception mentioned above, were at work, the most of them cutting firewood. They were all clean, suitably clad for the work at which they were employed, and all looked well fed. Among the 21 women, 6 are unemployed owing to mental or bodily infirmity. The day-rooms and dormitories were beautifully clean and well ventilated. The bedding on the whole is excellent, but a few of the hair mattresses on the male side require renovation, which, it is understood, is to be carried out in the house at an early date.

The proposed extension of the building referred to in the former entry has, in view of pending legislation, been delayed meantime.

The only change in the staff is the transfer of the female attendant to the ordinary wards and the engagement of a new female attendant. It has been found that the pressure of the water is insufficient in the event of fire, and there is much difficulty in improving it. As a precautionary measure the Committee have provided four dozen Simplex Fire Extinguishers, which seem to be very easily worked, and are said to be effective; one or more are to be placed in each room, and certain of the inmates instructed in their use.

All that was seen during the visit produced a pleasing impression, and the general air of contentment showed that the staff and the inmates were on excellent terms.

The books and registers were examined and found correct.

LUNATIC WARDS, LEWIS POORHOUSE,
21*st April* 1913.

There are at present 27 inmates in the wards, of whom 13 are men and 14 are women. At the date of last visit on 8th July 1912, there were 19 on the register, of whom 10 were men and 9 were women.

In the interval covered by the report, 10 patients have been admitted, of whom 5 were men and 5 were women. One male patient was discharged unrecovered by minute of Parish Council and went home, and 1 male patient died. The cause of death is registered as chronic encephalitis. No *post-mortem* examination was made.

Four male patients have parole beyond the grounds and act as messengers. All the others have full liberty within the grounds. There has been 1 escape—the only one that has taken place since the wards were opened. The patient, an elderly female, walked out of the gate and went to her home several miles distant. Her friends reported her arrival home and desired to keep her there, but after ten days' trial at home she was returned to the wards.

Due attention is paid to the employment of the patients, and 10 out of the 13 men are actively engaged in garden work and assisting in the wards.

It is learned with approval that a contract has been recently entered into for the upkeep of three miles of road, practically within sight of the grounds, at a remunerative rate.

Among the female patients there is a large proportion who have proved unsuitable for employment. Two work in the wards, 1 works in the kitchen, 1 at needlework, and 1 at knitting. Of the others 2 refuse to work on account of delusions of grandeur, 4 are unfit mentally, and 3 owing to bodily condition. It would be much to the advantage of the wards if one or two female patients fit for laundry work could be got.

The patients generally were in good health, clean, well clad, and looked well fed. They seemed contented, and no complaint of a reasonable nature was made.

The wards were in good order, thoroughly clean, comfortably heated, and well ventilated, and the grounds were in good order.

There has been a change in the male attendant. The last one had to leave last January on account of the state of his health, and another was employed to take his place, and he appeared to be doing satisfactory work. Everything seen pointed to good and capable management, and the relations between the staff and patients seem to be very friendly.

The registers were examined and found correct.

LUNATIC WARDS, LEWIS POORHOUSE,
2nd July 1913.

There are 27 patients, 13 men and 14 women, in the wards at this date. They were all seen in the course of the visit. There has been no change in the population or in the staff since the previous visit, and there has been no accident or escape and no entry in the Register of Restraint and Seclusion.

Three men and 5 women are unable to do any work, but all the others were usefully employed, and their general condition was satisfactory. They were properly clothed and their appearance indicated that they are adequately nourished. The patients' dinner of broth and boiled beef was seen being prepared, and appeared to be suitable and well cooked. It was observed with gratification that the patients were contented, and on excellent terms with the officials, and that they had no reserve in freely expressing their wishes and complaints.

The day-rooms and dormitories were in good order, clean, and properly ventilated. The management is kindly and efficient. The official registers were examined and found correct.

LUNATIC WARDS, LINLITHGOW POORHOUSE,
24th April 1913.

There are 38 patients, 20 men and 18 women, on the register of the wards to-day. Since the 16th December 1912, the date of the previous visit, 2 men and 1 woman have been admitted, and 1 woman, who, on account of her habits, was found unsuitable for care in the wards, was returned to the asylum. All the patients were resident, and seen in the course of the visit, except 1 man, who has had enteric fever, and who is at present in the County Fever Hospital. This patient has made a satisfactory recovery, and, it is learned, is to return to the wards to-day.

Enteric Fever occurred in this Poorhouse in an epidemic form towards the end of the year 1908, when a male inmate of the lunatic ward died of it. Another male inmate died of the same fever in May 1909. A third male inmate died of the fever in 1910. These facts, taken in conjunction with the case of the male inmate now suffering from enteric fever, point to some source of infection within the Institution, and it is recommended that the Committee should satisfy themselves as to whether any inmates of the Institution are "typhoid carriers," or whether there is any fault in the sanitary arrangements.

With the exception of 1 female patient, who is old and frail, and who was confined to bed, the general health of the patients was excellent. A good dinner of pea soup, stewed meat, vegetables and potatoes was seen in course of preparation. The wards and dormitories were very clean and in good order, and the care of the patients generally was careful and generous.

The books and registers were examined and found correct.

LUNATIC WARDS, LINLITHGOW POORHOUSE,
21st October 1913.

There were 21 men and 17 women, 38 in all, in these wards. There was therefore no change in the number of patients when compared with that at the previous visit of 24th April 1913.

One man and 2 women have been admitted, 2 women have been removed to the asylum, and 1 woman has died of pneumonia with cardiac complications.

Two women were confined to bed—one by reason of physical weakness, the other on account of a sprain which she had sustained by slipping when coming down the terrace of the lawn.

With these two exceptions the patients were found in good health. Eight were unable to work because of bodily infirmity, while 28 patients were actively and usefully employed.

The wards were found in their usually good order, and the comfort and well-being of the patients most efficiently and adequately attended to.

One nurse had left to obtain wider experience. This has been the only change in the staff.

The registers were examined and found to be correctly kept.

LUNATIC WARDS, LONG ISLAND POORHOUSE,
21*st April* 1913.

There are at present 32 patients in the wards, of whom 23 are men and 9 are women. There are vacant beds for 1 man and 1 woman.

The wards were last visited on 9th July 1912, and the following changes have taken place in the interval: One man and 2 women have been admitted, 1 man and 3 women have been discharged unrecovered, and 1 woman has died. Those discharged unrecovered were disposed of as follows: One man and 1 woman went home to relatives and, as far as is known, are doing well; 2 women were removed to the District Asylum as they required more care and supervision than could be given them in the wards of a poorhouse. There have been no cases of restraint or seclusion. Two escapes have to be recorded, and in each case the patients were absent for at least one night. One is the woman referred to above, as discharged unrecovered to the care of relatives. She absconded and went to her mother's house, where she was found. The mother expressed a desire to keep her at home and no objection was made. The other was the case of a man who was regarded as one of the most trustworthy in the house and who disappeared after attending to the boiler fire one evening. He took a small boat from the shore and got away a distance of between two and three miles, when it became stormy and the boat was wrecked on a small uninhabited island. Here he was discovered on the third day after his escape and was brought back—not seriously the worse for his escapade. The one death recorded was very sudden—taking place in one of the fields. Death was due to cerebral haemorrhage.

The patients were found in excellent health, were clean and neatly dressed, and bore evidence of a sufficient dietary. They were on the whole contented. Two, who wished their discharge, were granted private interviews, but after full consideration it was not considered desirable to recommend their discharge. The house was found in good condition, clean and comfortable throughout. The new kitchen range, baths, hot water boiler, and drying room referred to in a former report have been installed and are working well.

Excellent work is being done on the land, and the croft may well be looked on as a model one. It is understood that an adjoining croft, which has been mostly worked for several years by the inmates of the wards, is about to become vacant, and it is strongly recommended that an effort should at once be made to secure it, as such an opportunity is not likely to recur. With this additional land it would be quite possible to keep a sufficient number of cows to supply milk for the house—an important consideration, as at present the milk has to be brought in all weathers from a considerable distance.

Everything seen during a visit extending over two days only confirmed the high opinion already frequently expressed of the efficiency and kindliness of the management.

The official registers were examined and found correct.

LUNATIC WARDS, LONG ISLAND POORHOUSE,
1*st July* 1913.

There are 35 patients, 24 men and 11 women, in the wards at this date. Since the previous visit, on the 21st April last, 1 man and 3 women have been admitted, and 1 woman has died—the cause being influenza.

There has been no accident or escape or resourse to the use of restraint or seclusion in the period covered by this report.

The patients were found in good physical health, well nourished, and well-clothed. An excellent dinner of rice soup and suet pudding, which was evidently enjoyed by the patients, was seen being partaken of.

Twenty-one of the 24 male patients and all the female inmates were working at the time of the visit.

The wards were in good order and properly ventilated.

The recommendation in the preceding entry with regard to the advisability of securing the adjoining croft is cordially concurred in, and it is hoped that the Committee will not allow to pass any opportunity of doing so.

A very good heating system has recently been introduced which will prove

of great benefit to the inmates in cold weather, but it was observed with some misgiving that the water supply of the Institution is inadequate. There was no water in the lavatories this forenoon, and no drinking water for the patients. This, it is understood, is not an unusual experience, but it is hoped that means may be speedily devised for increasing the supply.

As yet no form of entertainment for the patients has been established, and it is recommended that a social gathering or entertainment of some kind should be given for their amusement at least once a quarter.

While the wards are economically managed, the patients are liberally and kindly treated.

The official registers are correctly kept.

LUNATIC WARDS, OLD MONKLAND POORHOUSE,
16*th April* 1913.

There are 49 patients on the register at this date, of whom 24 are men and 25 are women. The wards were last visited on the 13th August 1912. Since then 3 men and 1 woman have been admitted. Two unrecovered patients have been removed to the asylum, and 3 male patients have died. The deaths are registered as due to cardiac dropsy, dementia epileptica, and cerebral apoplexy, and it is satisfactory to record that, in each case, the cause of death was verified by *post-mortem* examination.

The general bodily health of the inmates was good. None were confined to bed, and no less than 20 men and 23 women were engaged in useful work. The general appearance of the patients, their cleanliness, neatness of dress, and general physical condition all show that they are well cared for and amply fed. The dinner was seen in preparation, and consisted of good broth, bread, and boiled beef. In addition to this each patient had a liberal supply of sweet milk.

The day-rooms and dormitories were, as usual, in excellent order, and the bed covering ample and very clean.

The only change in the staff consists of the resignation of the laundress attendant, and the engagement of another to take her place.

The official registers were examined and found correct.

LUNATIC WARDS, OLD MONKLAND POORHOUSE,
16*th October* 1913.

The number of patients in the wards to-day is 50—25 men and 25 women. There has been only one admission since the wards were previously visited on 16th April 1913, and there have been no discharges or deaths.

The patients have been entirely free from any untoward incident. They appeared generally to be in the enjoyment of good health, and their personal clothing and surroundings, both in the day-rooms and dormitories, were all that could be wished for. The condition in which the female patients were found was specially commendable.

An excellent dinner of broth, bread, boiled meat, and potatoes was served to the patients. It was noticed with approval that, in addition to this dinner, one pint of milk was given to each patient.

Three of the men were usefully employed in weaving cloth for the whole establishment; the other male patients were employed mostly at garden work. The women were engaged mainly in several domestic occupations.

There has not been any change in the staff.

A most favourable opinion was formed of the management of the wards.

The statutory registers were found to be carefully and accurately kept.

LUNATIC WARDS, PAISLEY POORHOUSE,
7*th May* 1913.

There are 104 patients—48 man and 56 women—in the wards at this date. The number of male patients resident is 5 in excess, and the number of females patients 1 in excess, of the licensed number. This is due to the fact that 18

patients had to be removed from the lunatic wards of the Dumbarton Poorhouse owing to an outbreak of fire in that Institution, and were, with the approval of the Board, temporarily placed in this Institution.

Since the wards were last visited on the 23rd September 1912, 22 patients have been admitted, 2 have been discharged unrecovered, and 9 have died.

The deaths are registered as due to heart disease in 3 cases, to pneumonia in 3 cases, and to cerebral haemorrhage, tubercular disease of the spine, and general paralysis in 1 case each. *Post mortem* examinations were made in 6 instances.

There is only 1 entry in the Register of Accidents referring to injuries to the head which a male patient impulsively inflicted on himself by means of a small hammer with which he was working. The injuries were fortunately not serious, but it was thought advisable to remove the patient to the asylum.

The general condition of the inmates was satisfactory. They were found to be healthy and well nourished, and their appearance indicated that both males and females pass a sufficient part of their time in the open air. Three patients of each sex were confined to bed, and 10 men and 32 women, though not confined to bed, were, owing to their mental or physical condition, unable to do any work. Fifty-six patients—35 men and 21 women—were working at the time of the visit.

There are 4 attendants on day duty on the male side and 1 on night duty. On the female side there are 5 nurses on day, and 1 on night, duty. Of this staff of 11 persons, 2 men and 4 women resigned, and 1 man was dismissed for absenting himself without leave. To fill the vacancies thus caused, 3 men and 2 women have been engaged.

The wards were bright, clean, and in good order.

The official registers were examined and found correct.

LUNATIC WARDS, PAISLEY POORHOUSE,
26th September 1913.

The patients, 103 in all, were seen individually. They were found to be in good health generally. One man and 6 women were confined to bed, the former on account of a sore leg, the latter in consequence of senile infirmity and physical weakness.

Since the previous visit of 7th May 1913, 6 patients have been admitted, 6 have been transferred to Stirling District Asylum, and 1 has died of cardiac disease and gangrene of the feet.

There has not been any untoward incident, and the state of the several sitting-rooms and dormitories, and the personal comfort of the patients, were of a commendable nature.

The wards are well and thoughtfully managed.

The statutory registers were examined and found to be correct, and written up to date.

LUNATIC WARDS, PERTH POORHOUSE,
14th March 1913.

The following changes have occurred since 1st October 1912, when these wards were previously visited: two women have been admitted, 1 man has been discharged as recovered, 1 man has been transferred to Perth District Asylum, and 1 woman has died of apoplexy at the age of 66.

There are 35 inmates—17 men and 18 women. With the exception of 1 man who was confined to bed in consequence of physical weakness, the patients were found to be enjoying fair health.

A good dinner, well cooked and appetising, was served to the inmates, and was generally appreciated. It consisted of pea soup, fresh fish and bread.

The patients were suitably clad, and their dress was tidy and well attended to.

The day-rooms were comfortable and adequately ventilated. The dormitories were in good order. The alterations in the bathrooms and water-closets have now been completed and meet with approval.

Twenty-three of the inmates were capable of doing work, and were well employed.

One nurse and 1 attendant have resigned for other situations, and 1 nurse has been engaged.

It was noted with satisfaction that the patients are regularly weighed and their medical requirements studied.

The medical and statutory registers are correctly kept, and were found to be in order.

LUNATIC WARDS, PERTH POORHOUSE,
21st October 1913.

There are 38 patients, 20 men and 18 women, on the register of the wards to-day. They were all resident, and were seen in the course of the visit, except one man who escaped on the previous day and had not returned.

Since the 14th March last, the date of the previous visit, 4 men and 2 women have been admitted, 1 man has been discharged recovered, and 2 women have died. The two deaths are registered as due, respectively, to tubercular abscess and to epilepsy.

The patients, most of whom were found working, presented a satisfactory appearance. They were well and neatly dressed; they looked well-nourished, and they gave the impression of passing a sufficient part of each day in the open air. They made no complaints as to their care or treatment.

The wards and dormitories were in good order. The recent improvements on the second floor, which were referred to in the previous entry, have added materially to the comfort and efficiency of the wards. In order to complete the scheme it only remains to alter the lavatory on the female side on this floor so as to make it like the corresponding one on the male side.

The official registers were examined and found correct.

LUNATIC WARDS, WIGTOWN POORHOUSE,
28th February 1913.

There are 34 patients in the wards at this date—19 men and 15 women. Since the previous visit on 27th June 1912, 1 man and 1 woman have been admitted, 1 woman has been discharged recovered, and 1 man, an imbecile, has died of bronchitis. The death was accelerated by the patient's congenitally weak physical condition and probably by tubercular affection.

There has been no accident to any of the inmates and no recourse to restraint or seclusion since the previous visit. One man escaped on two occasions and was absent for at least one night on each occasion before being brought back.

Seventeen men and 13 women were working, while 2 men and 2 women were incapable of working owing to physical weakness. Fourteen of the men were seen working in the garden.

The general health of the inmates was satisfactory, and all their wants appeared to be liberally supplied. The dinner to-day which was seen being partaken of consisted of rice soup with vegetables, stewed sausages and beef, potatoes, and bread. For those patients who could not take soup, rice and milk was provided. With the exception of 1 woman, who was passing through a mild attack of excitement, all the inmates were quiet, orderly, and contented.

The wards and dormitories continue to be kept in the usual state of good order and cleanliness.

The medical officer's journal is written up with great regularity, and is a model of what such a case book should be. The official registers were examined and found to be regularly and correctly kept.

LUNATIC WARDS, WIGTOWN POORHOUSE,
9th September 1913.

There were 35 inmates in the wards of this Institution to-day—1 more than the number recorded at the previous visit. The licensed accommodation is fully taken up.

Three men and 1 woman have been admitted. The men are chargeable to the parish of Old Kilpatrick, and have been admitted to the wards in consequence of the recent fire at Dumbarton Poorhouse.

One woman has been discharged by removal to the district asylum, and 1 man and 1 woman have died.

The cause of death was in one instance tubercular pneumonia, and in the other, exhaustion of acute melancholia.

The patients were, with one exception, found in excellent health. The exception referred to was a man who, on account of bodily weakness, was confined to bed in the hospital.

The comfort of the patients was well attended to in all respects. They had an excellent dinner provided for them; their clothing was neat and warm, and the sitting-rooms and dormitories were clean and bright, and provided with all that was essential for the happiness and well-being of the inmates.

The medical care of the patients is of a praiseworthy nature.

The statutory books on examination were found to be correctly kept.

INSTITUTIONS FOR IMBECILE CHILDREN.

BALDOVAN INSTITUTION,
24th March 1913.

There are 202 children on the register and resident at this date. This is an increase of 4 compared with the corresponding number on 25th November 1912, when the previous visit was made.

The registered number consists of 11 children maintained from private sources, 5 chargeable to School Board Authorities, and 186 supported by Parish Councils.

Fifteen children have been admitted, 3 have been discharged (1 boy was boarded out, 1 was sent to the care of friends, and 1 was handed over to the Parish Council), and 8 have died.

The causes of death were in 2 instances epilepsy, in 2 tubercular disease, in 2 pneumonia, in 1 asthenia, and in 1 scarlet fever and epilepsy.

Four children were confined to bed in the hospital, and 1 in dormitory. These patients were being carefully nursed.

There has been no serious accident.

The welfare of the children is adequately attended to in every respect. Their clothing was neat, clean, and sufficient. They were supplied with suitable, nourishing food, and the several sitting-rooms and dormitories were bright, appropriately furnished, and comfortable.

Eighty-two children were attending school and received there teaching fitted for their several requirements.

A new departure, which will permit of some 14 boys working at joiner work, was seen in action; this will add to the varied occupations and tasks which are a feature of this Institution.

One of the day-rooms in the hospital was being lined with a dado of boarding, and when the walls are repainted will be used for bed-ridden patients. Two houses for workmen are in course of erection, and machinery of the most modern description has been placed in the new laundry. The laundry is expected to be in use in a fortnight's time.

There has been no serious accident among the children.

Seven nurses have been engaged to fill vacancies caused by resignations.

The management generally is of a favourable description.

The statutory books were not examined, as they were in the hands of the Medical Officer in Dundee for the purposes of the Annual Report.

BALDOVAN INSTITUTION,
2nd December 1913.

There are 208 children, 130 boys and 78 girls, on the register of the Institution to-day. They were all resident and were seen in the course of the visit.

Ten children are supported out of private means, 191 are paid for by Parish Councils, and 7 by School Boards.

Since the 24th March last, the date of the previous visit, 27 children have been admitted, 12 have been discharged, and 9 have died.

The following are the registered causes of death: Progressive emaciation in 2 cases, epilepsy in 2 cases, pneumonia in 2 cases, and phthisis, cancrum oris, and meningitis each in one case.

The Register of Accidents contains two entries which, however, refer to unimportant injuries, the result of accidental falls.

An assistant matron and eight nurses have resigned voluntarily, all of them after two years' service and after the nurses had gained their certificate of efficiency, and an assistant matron, who is a fully qualified hospital nurse, and 9 nurses, have been engaged.

The work of training and educating the inmates is assiduously carried out by the Staff, more particularly under the direction of the two governesses. Eighty-six children attend school daily, where those of them who show an aptitude for it are taught the rudiments of elementary education and, in addition, various crafts and handiwork. Thirty-five children attend school only for a part of the day, the rest of their time being occupied in various forms of useful employment such as household work, gardening, kitchen and laundry work.

The general health of the inmates of the Institution, as evidenced by the remarkably low death-rate, has, during the period covered by this report, been very satisfactory. To-day only 7 individuals were confined to bed on account of illness. As a whole the children looked well-nourished, clean, and tidy as regards their appearance and clothing, while the absence of any constraint in their manner indicated that they are kindly treated and well trained.

An epidemic of scarlet fever occurred in April last and has continued to the present date, but it was fortunately limited to 7 children. One boy is at present recovering from an attack and is being carefully isolated.

The old buildings are being used both as a nurses' home and a hospital for the more helpless and uneducable children. The schoolroom and workshops are also in this building. The rooms set apart for the helpless children and the mess-room for nurses are in all respects satisfactory, and much credit is due to Miss Henry, the matron, for the manner in which she has planned and organised the arrangements connected with both of these departments.

The new laundry, which is now in use, is entirely modern in its construction and arrangements, and is fitted with the latest and best types of machinery. The kitchen has been fitted with new cooking boilers of a modern pattern and also with arrangements for the supply of hot water. Two cottages for tradesmen have been built in close proximity to the Institution and have been occupied within the last week or two.

It is understood that the Directors have in contemplation schemes for the erection of another pavilion and of a new school, with workshops attached, for the education and training of defective children. These proposals are cordially commended.

The wards and dormitories were admirably clean and well ventilated, but the temperature of the rooms in the boys' pavilions in the new buildings was lower than was consistent with comfort.

This Institution, the first of the kind established in Scotland, was opened in 1854. During the greater part of the sixty years which have intervened from then till now, the Directors have had to contend with adverse pecuniary circumstances, but with commendable courage and enterprise they have recently succeeded in raising the establishment to the first rank of its kind. In May of next year it will become a certified institution under the new Mental Deficiency Act, and will be one of two institutions in Scotland which can offer accommodation and specialised training for mentally defective children. It is hoped that the largely increased demand which the Act will create for the accommodation of these children will have the effect of placing the finances of this Institution in a position of such security as will enable the Directors to extend greatly the scope of their useful and charitable work.

The official registers were examined and found correctly kept.

LARBERT INSTITUTION,
9th June 1913.

There are 381 children on the register to-day. This number is 31 above the number for which the Institution is licensed. Not only so, but the increased population and the many important changes effected in administration and in nursing have entailed an increase of the staff, of which now no fewer than 81 persons have to be accommodated in the Institution. These facts are mentioned not in any spirit of criticism, but in order to draw the attention of the Directors to a situation which they must sooner or later be called upon to face. It is true, as was stated in the previous entry, that there is too much uncertainty at the present time in view of impending legislation to justify an immediate extension of the Institution, but it must be borne in mind that owing to the want of land there is no possibility of extending the present accommodation when the necessity arises for so doing.

Of the 381 children on the register, 56 are supported by their relatives or guardians, 75 by the funds of the Institution, and 250 by parishes. Five children were absent on pass; all the others were seen in the course of the visit.

Since the Institution was last visited on the 2nd December 1912, 36 have been admitted, 23 have been discharged, and 11 have died.

The causes of death which in 6 instances were verified by *post mortem* examinations, are registered as follows: tuberculosis in 5 cases, epilepsy in 3 cases, and uræmia, acetonæmia, and carbuncle, in 1 case each.

There are 2 serious accidents recorded. A boy fell through a pane of glass from a dormitory window on the first floor of the building and sustained a compound fracture of the femur, involving the knee joint and necessitating amputation of the limb. Another boy sustained a simple fracture of the humerus through falling.

As was pointed out in the immediately preceding reports, the system of training and educating the children has been greatly modified, and directed into more practical and beneficial channels. The schoolrooms have been reconstructed, the classes limited to 20 children each, and the total number of children who attend school reduced to 150. Of that number one-half attend school in the forenoon, the other half in the afternoon. When it is found that a child shows no aptitude for one or other of the branches of ordinary elementary education, the attempt to teach that subject is not persevered in, and attention is devoted to educating him in the subject or subjects which he is capable of acquiring. Finally, the school education is made as practical as possible. When not attending school those children who are capable of benefiting by industrial education are placed in small practical classes where they are taught, under supervision, such practical and mechanical industries as sweeping and polishing floors, cleaning boots, spoons, fire-irons, etc., bedmaking, knitting, sewing, rug-making, gardening, and joinery. The tailor, joiner, and gardener supervise the work of many of the older boys, and the examples of the work done by these boys was exceedingly creditable. The same can be said of the sewing and knitting done by many of the girls.

The Glasgow Fire Master visited the Institution to-day to inspect and report upon the methods available for protection against fire. Without prejudice to his opinion and report it may be stated that the pressure of water which was seen while he was testing it with a fire hose was evidently too small to be of any practical use.

The result of the visit was to produce the general impression that the large number of children now in the Institution are most competently cared for and that they receive not only skilful medical treatment and the best kind of training, but that their physical wants are conscientiously and suitably attended to.

The official registers were examined and found to be correctly kept.

LARBERT INSTITUTION,
20th November 1913.

The number of children resident in the Institution and seen during the visit was 390. Two children were absent on pass, and these, when added to the resident number, constitute the total number on the register.

Fifty-eight children are maintained from private sources, 84 by the funds of the Institution, and 250 are chargeable to several parish authorities.

There has been an increase of 11 in the registered number as compared with the corresponding number at 9th June 1913, when the previous visit was made. It was learned that the Directors are alive to the necessity for increasing the amount of accommodation for patients, and affording greater scope for the teaching of such children as are capable of being taught out-of-door occupations. Meanwhile, before such extensions can be placed on a practical footing, the Directors are naturally desirous of knowing in what manner the Institution will be affected by the operations of the Mental Deficiency and Lunacy (Scotland) Act, 1913, which comes into force on 15th May 1914.

Forty children have been admitted, 23 have been discharged not recovered, and 6 have died.

The causes of death are as follows: 1 died of enteritis, 1 of tuberculosis of the lung, 1 of catarrhal bronchitis, 1 of laryngitis, pharyngitis, and cardiac failure, 1 of double pneumonia, and 1 of epilepsy.

Only one untoward event has occurred. A boy met with a burning accident by falling on a fender during a fit. He has done well and is now quite recovered of the burn. The fenders throughout the Institution have been guarded in such a way as to prevent a recurrence of such an accident.

The roof of the central tower has been extensively repaired. A new box-room has been fitted up in the tower, and further and more suitable accommodation has been given to nurses. The nurses throughout the Institution are not housed under the modern requirements which an Institution of this nature demands, and it is hoped that the Directors may see their way to provide a home for the whole nursing staff. Such an arrangement will attract a high class of women and lessen those numerous changes in the staff which, under present conditions, cannot be avoided.

With the object of coping with any outbreak of fire, a pumping engine is to be procured and erected, and a system of pipes led around the Institution and connected with a central reservoir 30 feet long by 20 feet broad, and about 8 feet in depth. The Directors are to be congratulated on these very efficient arrangements.

The care of the children is the object of much solicitude on the part of the staff and is most successfully undertaken. The children were enjoying good health generally, and gave evidence in their persons and surroundings of adequate and unceasing attention.

The children were seen at varied occupations, and at all stages of training and education in school, in the day-rooms and dormitories, and what was seen being done by the several children was wholly commendable. Everything is tried to bring out the latent capabilities of each child. A large amount of useful work was in progress, and the improved conditions of many of the children were noticed evidences in themselves of the value of the system of teaching and education in force.

The medical care of the children generally, and in the hospital in particular, maintained its high standard.

The statutory registers were examined and found to be correctly kept.

LUNATIC DEPARTMENT OF H.M. GENERAL PRISON.

PERTH, 15*th March* 1913.

To the Secretary of the General Board of Lunacy.

SIR,—I visited the Lunatic Department of H.M. Prison, Perth, to-day, and have to report as follows:—

The number of inmates on the register of the Department is 54—49 men and 5 women. One man and 1 woman were in the Royal Infirmary, Perth, the former for surgical treatment, and the latter for special medical care.

The inmates were individually seen and given an opportunity of making

any statement. It is an evidence of successful management that beyond a few requests for discharge no complaints were made. It was not considered advisable to recommend discharge in any of the cases making the request.

The inmates were generally enjoying good health, and there was ample evidence to show that their welfare is well attended to in every respect. The food supplied was good and sufficient, and the whole department was comfortable, well ventilated, scrupulously clean, and orderly.

The following changes have occurred since 26th September 1912, the date of the previous visit: Seven men and 4 women have been admitted, 8 men and 3 women have been discharged, and 1 woman has died.

The new section for the accommodation of upwards of 20 men, referred to in the previous report, is now almost completed and ready for occupation.

The medical care of the inmates is of an excellent description.

(Signed) HAMILTON C. MARR.

PERTH, 21*st August* 1913.

To the Secretary of the General Board of Lunacy.

SIR,—I visited the Criminal Lunatic Department of the Perth prison to-day. There are 60 inmates, 53 men and 7 women. Since the previous visit, on the 15th March last, 13 men and 3 women have been admitted, 5 men and 1 woman have been discharged recovered, and 4 men have been discharged either to the care of guardians or handed over to the parochial authorities.

The rearrangement of the male section of the Department has been completed, and 17 of the quieter, better-behaved inmates now occupy a separate building. This building has been adapted with much care and thoughtfulness to the requirements of the persons who are accommodated in it, and its interior closely resembles that of a modern institution for the insane. It is tastefully furnished, and decorated with plants and flowers. The central day-room forms a well-lighted and pleasant living-room; on one side of it is the kitchen and dining-room, and on the other side a reading and recreation-room. The bedrooms are nicely furnished, and the arrangement for artificially lighting them is very satisfactory.

The removal of 17 inmates from the main building has eased the accommodation and facilitated the management of the more troublesome inmates who remain there. It is now possible to classify these into three classes, and the result of this measure has, it is learned, been attended with excellent results.

All the inmates presented a healthy appearance indicative of a liberal dietary and of passing much of their time in the open air. There was, practically, a complete absence of noise and excitement, and beyond the usual appeals for release there were no complaints of any kind.

The dinner served during the visit consisted of broth, stewed beef, potatoes, and bread. The food was plentiful and well cooked, and was evidently appreciated.

The Department was in excellent order and perfectly clean.

(Signed) JOHN MACPHERSON.

APPENDIX C.

GENERAL REPORTS ON THE CONDITION OF PATIENTS IN PRIVATE DWELLINGS.

REPORT BY DR. CHARLES MACPHERSON.

I HAVE the honour of submitting the following report of the work done by me during 1913 in the visitation of private and pauper insane patients boarded out in specially licensed houses and in private dwellings. The visitation included 16 counties, and the patients were scattered over 243 parishes. The total number of patients visited was 1459. Of this number 121 were private or curatory patients, 49 being males and 72 females. By far the larger number of these are old people suffering from senile decay, who being incapable of looking after themselves have had their business affairs placed in the hands of a curator. They have been found, on the whole, as well cared for as their means would allow, and curators have, I may say, invariably accepted any suggestions made with a view to increasing the comfort of their wards as far as the funds at their disposal would permit. The death-rate among these old ladies and gentlemen is, as might be expected, a heavy one. During the year 2 males and 12 females have died. Of the gentlemen 1 was 91 and the other was 82. Of the ladies 2 were over 90, and 6 others were over 70.

The following table shows the distribution of the patients visited. Many of them were visited on more than one occasion during the year, and, as usual, reports on each individual case were submitted to the Board within a few days after each visit.

TABLE I.

Counties.	Parishes Visited.	Private and Curatory Patients.			Pauper Patients.						Number of Patients Visited.	Number of Visits Paid.
					Single Patients.			In Specially Licensed Houses				
		M.	F.	T.	M.	F.	T.	M.	F.	T.		
Aberdeen	49	8	9	17	46	54	100	18	19	37	154	154
Ayr	32	6	1	7	49	29	78	23	91	114	199	299
Bute	4	1	...	1	23	13	36	...	...	...	37	37
Caithness	10	...	1	1	28	25	53	3	2	5	59	59
Dumbarton	6	1	4	5	1	10	11	...	2	2	18	18
Dumfries	14	2	6	8	5	7	12	1	5	6	26	26
Inverness	21	7	3	10	64	86	150	17	32	49	209	292
Kincardine	8	...	1	1	...	6	6	3	4	7	14	14
Kirkcudbright	10	1	3	4	10	7	17	8	...	8	29	29
Lanark	18	10	15	25	46	73	119	49	99	148	292	429
Nairn	4	1	1	2	6	6	12	2	...	2	16	16
Orkney	12	...	3	3	15	9	24	...	2	2	29	29
Renfrew	14	3	7	10	14	5	19	...	...	...	29	29
Shetland	12	1	...	1	23	25	48	...	...	...	49	49
Stirling	17	8	17	25	24	32	56	79	117	196	277	468
Wigtown	12	...	1	1	12	9	21	...	...	...	22	22
	243	49	72	121	366	396	762	203	373	576	1459	1970

On the whole the standard of care is well maintained. I had no reason to suspect an insufficient dietary in any case, and the patients were, generally speaking, clean and amply supplied with clothing. But there is no doubt a growing disinclination on the part of unrelated guardians to take unproductive patients,

and to treat their patients as equals and as members of the family. This is undoubtedly due to a large extent to the greater frequency with which patients are placed to board at large and medium sized farms than was the case some years ago. In such houses patients are only taken to do work that would otherwise have to be done by hired labour. If they cannot do that there is an immediate demand for their removal. I must not be supposed to advocate the boarding-out of absolutely useless patients, and such as cannot do anything for themselves; but, on the other hand, it is just as unreasonable that guardians should expect—as some of them do—that they should get men able to do a man's work, and instead of paying them wages get 7s. per week for keeping them. In one such farm visited this year, where there were two men, the guardian was clamorous for the removal of 1 of them because the 2 together were not capable of doing the entire work of byres containing 50 cattle. I freely admit that in most of these houses the patients are well housed and liberally fed, but too great a return is expected for this. If they could be got in sufficient numbers, the ideal home for most male patients would be the croft or small farm of 20 to 30 acres, where there is no hired labour required, but where a moderate amount of assistance would be appreciated. For female patients no homes are better than those with the wives or widows of labouring people in small villages. Under these circumstances the patients really become members of the family, and although worse housed and generally perhaps worse fed than the patients in the larger farm houses they are really much more happy and contented.

For the first time for many years I have to report a considerable falling off in the number of patients boarded out. The falling off in the numbers removed from asylums to private houses is most marked in the case of 2 large parishes, and it is to be hoped is due to some passing cause and not to any change in policy. That it is not due to any difficulty in finding suitable homes is evident from the fact that in many of the licensed houses there are vacancies for patients, and the guardians eager to get them. The Board have always urged the boarding-out of all suitable patients in their own interest, and when in addition to that it is so clearly in the interest of the ratepayers, as the patients are usually provided for in private houses at less than half the cost of the providing and maintenance expenses in asylums, it is earnestly to be hoped that the falling off in numbers is only due to temporary and passing causes.

Nineteen licences have been cancelled during the year, and a similar number of new houses have been licensed. Fourteen of these were cancelled owing to the death of guardians or their removal to smaller houses where they had no accommodation for patients; 2 were cancelled on account of dissipated habits on the part of the male guardians, and 2 on account of general untidiness and defects in care which repeated remonstrance had failed to rectify. The cause of the cancelling of the remaining licence was the most serious, and is unique in the experience of the Board. A licence was granted on the application of the Inspector of Poor for Glasgow, on 27th August 1912, for the reception of 2 male patients into the house of a man in Ayrshire. On the 3rd January 1913 this man was apprehended on a charge of criminally assaulting a female patient residing in his immediate neighbourhood. The patients were at once removed from his house. He was tried on a charge of rape at the Circuit Court in Glasgow, but the case resulted unfortunately, the Jury returning a verdict of Not Proven. There could be no doubt from the evidence that the woman was assaulted by the man, but the Jury evidently thought the woman was not so wanting in intelligence as to be incapable of giving consent, and that she did not offer sufficient resistance. It is satisfactory to know that under Sections 46 and 56 of the Mental Deficiency and Lunacy (Scotland) Act, 1913, a similar miscarriage of justice will be impossible in future.

I am glad to be able to report that there have been no other sexual accidents, or any accidents of the slightest importance in the district during the year.

The changes that have taken place during the year are shown in the following tables :—

TABLE II.

Admitted during 1913—	
By Intimation	55
By Removal from District Asylums	50
Total ..	105

TABLE III.

Removals during 1913—	
Died	40
Recovered	11
Removed from Roll	9
Sent to Asylums	66
Total ..	126

Showing a decrease of 21 in the numbers resident in the district.

DEATHS.

The death-rate for 1913 amounts to about 29·7 per 1000 of the number visited. This is rather under the usual average. The causes of death call for no special notice except in one case entered below "Natural Causes." In this case the man was found dead in a field near his guardian's house. A formal inquiry as to the cause of death was held, but the Procurator-Fiscal would not authorise a *post-mortem* examination, and authorised the Registrar to enter the death as due to Natural Causes. A *post-mortem* examination would have been much more satisfactory, but the doctor who had charge of the case informs me that there is very little doubt that the cause of death was cerebral hæmorrhage.

The causes of death may be tabulated as follows :—

1. Cerebral Affections—		3. Abdominal Affections—	
(*a*) Apoplexy, Paralysis, &c.	5	(*a*) Enteritis	1
(*b*) Epilepsy	2	(*b*) Tubercular Peritonitis ..	1
(*c*) Cerebral Degeneration ..	2	(*c*) Jaundice	1
(*d*) Cerebral Tumour ..	1		—3
(*e*) Meningitis	1		
(*f*) Progressive Dementia and Exhaustion ..	1	4. Old Age	4
	—12	5. Mediastinal Tumour	1
2. Thoracic Affections—		6. Tumour on Neck	1
(*a*) Cardiac Diseases ..	9	7. Pernicious Anæmia	1
(*b*) Bronchitis, Pneumonia, &c.	4	8. Diabetes	1
(*c*) Phthisis Pulmonalis ..	2	9. Influenza	1
	—15	10. Natural Causes	1
		Total ..	40

The average age at death was 59. The oldest was 93; the youngest 10. Two were over 90; 5 between 80 and 90; 9 between 70 and 80; 6 between 60 and 70; 6 between 50 and 60; 5 between 40 and 50; 3 between 30 and 40; 3 between 20 and 30, and one was 10.

RECOVERIES.

The reported recoveries are 11 in number, 5 males and 6 females.

1. The most interesting case is that of a youth of 20, who was first boarded out at the age of 14. He was then only 4 ft. 1 inch in height, and had occasional minor epileptic fits. Mentally he was undeveloped, had no education, and while he could go messages if written down for him, he could not otherwise remember more than one at a time. Under kindly care he developed rapidly both in mind and body, and latterly took a great interest in garden work. In this work he showed so much ability that he attracted the attention of the gardener in charge of a nobleman's gardens in the district, who offered to employ him at a commencing wage of 12s. per week. He has been at that work now for nearly six months, and is, I understand, giving satisfaction. He still continues to lodge with his former guardian.

2. The second case is that of a lad of 18 years of age, who was in the asylum for two years and boarded out for nearly one. Physically he was well developed, but was dreamy and absent-minded, very lazy, and shirked work whenever he could. He was always wanting to be discharged, and escaped, and was brought

back once or twice. He was certified recovered in September, and tried various work but never could keep any employment for more than a week. He then succeeded in enlisting, and four months after joining the Army I am informed that he is serving satisfactorily.

3. The third case, a young man of 25, was one of the loafer class. He had been at many employments, but none for long, was lazy and quarrelsome. He ran away from his guardian, and a few days later called at the Parish Council office, where he was seen by the Parish doctor and certified recovered. He got a situation, but did not keep it. The next I heard of him was that he was in the Poorhouse, quarrelled with and assaulted the Governor, and got sent to prison for 60 days. The other two were alcoholic cases, well enough if they kept entirely free from drink, but who will in all probability be back before long in the asylum.

Of the 6 women certified recovered there is only 1, as far as I can learn, who is self-supporting, and she is said not to be giving much satisfaction. Other 2 were improperly certified recovered solely for the purpose of legalising their admission to the Poorhouse Hospital.

Strictly speaking, none of the 11 had recovered, but the marked improvement in the first 2 cases I have recorded has turned useless lives into useful ones, and is a happy augury of the good which may be hoped for from the operation of the Mental Deficiency Act when such cases will be got under care at an earlier age than they could be formerly.

Removals from Roll.

Of these there are 10. Five males and 5 females. Four of the men escaped, and so far have not been traced. They are supposed to be in employment, and no anxiety is felt about them. The other was an imbecile youth somewhat impulsive. He escaped from his guardian twice, and went to his father's house, who ultimately removed his name from the roll and took him home. The arrangement did not last long, and he is now in an asylum and doing well.

Two of the women had their names removed from the Roll on removing to England, other 2 went to the care of relatives who were able and willing to support them. The remaining one—an elderly married woman—escaped from her guardian, and as she was not found within 28 days her name was removed from the Roll. I have since heard from the Inspector of Poor of her parish that she is now residing with her husband somewhere in Glasgow, and causing no trouble.

Removals to Establishments.

Of the patients sent to asylums during the year several were only out for a week or two, and were evidently unsuitable from the first for private care. Of those visited during the year the cause of their removal may be tabulated as follows :—

1. Unmanageable, threatening, or noisy	30
2. For medical or surgical care	15
3. On account of defective care	6
4. On account of dirty habits	7
5. On account of indecent conduct	2
6. On account of wandering habits	3
	63

Among those returned to the asylum as unmanageable and threatening, several had been in private dwellings for a long time and shown no objectionable tendencies. Changes of guardianship took place, and the new guardians did not seem to manage them judiciously, and made complaint that they were unmanageable. Probably want of experience and tact on the part of the guardian was most to blame. The patients would naturally be restless at first in new surroundings, but with patience and kindly treatment they might soon have settled down in their new homes. Of those returned owing to dirty habits, I fear in many cases the cause must be set down to defective guardianship. Two of the number mentioned above were only a few months out of the asylum, were cleanly in their habits when discharged, and from inquiries I have made have been quite cleanly in their habits since their return to the asylum. It is not proposed to send patients to these houses again.

REPORT BY DR. R. CUNYNGHAM BROWN.

I HAVE the honour to submit my report for the year 1913 regarding the private and curatory patients and pauper lunatics resident in the districts allocated to me and visited during the year.

As shown in Table I., these districts comprised sixteen counties and the Western Isles, part of which falls within the County of Ross and part within the county of Inverness, but which for the purposes of this report are considered as a separate district. In all 2118 visits were paid to 1654 patients resident in 254 parishes, the excess of visits over the number of patients (464) representing the revisitation of aggregated patients in the counties of Fife, Kinross, and Perth.

TABLE I.

Counties.	Parishes Visited.	Private and Curatory Patients.			Pauper Patients.						Number of Patients Visited.	Number of Visits Paid.
					Single Patients.			In Specially Licensed Houses.				
		M.	F.	T.	M.	F.	T.	M.	F.	T.		
Argyllshire	27	5	8	13	62	32	94	45	13	58	165	165
Berwick	12	..	1	1	10	12	22	..	3	3	26	26
Clackmannan	4	..	..	..	1	7	8	..	..	..	8	8
Edinburgh	17	15	35	50	33	38	71	1	5	6	127	127
Fife	35	4	15	19	43	33	76	103	270	373	468	768
Forfar	25	2	5	7	31	25	56	6	38	44	107	107
Haddington	12	2	5	7	7	7	14	..	..	..	21	21
Kinross	4	2	1	3	1	3	4	15	48	63	70	119
Linlithgow	4	..	1	1	8	5	13	..	..	..	14	14
Peebles	3	2	..	2	2	1	3	..	..	..	5	5
Perth	43	11	19	30	44	27	71	88	108	196	297	412
Ross and Cromarty	26	1	1	2	53	56	109	..	..	..	111	111
Roxburgh	14	2	5	7	10	12	22	..	..	..	29	29
Selkirk	3	..	..	..	..	4	4	..	..	..	4	4
Sutherland	11	..	..	..	9	27	36	..	..	..	36	36
Western Isles	14	..	..	..	89	77	166	..	..	..	166	166
Totals	254	46	96	142	403	366	769	258	485	743	1654	2118

A certain number of boarders, uncertified private patients resident for a time in various specially licensed houses, and also a small number of patients liberated from asylums on probation, were visited, but are not included in the above return.

A report on each individual case was submitted to the Board within a few days of each visit.

Of the total number of patients visited during the year, 707 were males and 947 were females, giving a sex-ratio of males to females of 100 to 134; or, considering the pauper patients only, of 100 to 129.

The total number of patients was composed of 46 male and 96 female private and curatory patients, giving a total of 142; and 661 male and 851 female pauper patients, or a total of 1,512 pauper patients.

PRIVATE AND CURATORY PATIENTS.

The changes which occurred during the year among the private and curatory patients were as follows:—7 male and 14 female curatory cases were intimated by the Accountant of Court, and 2 male and 5 female private patients were placed upon the Board's Register; 1 female private patient was removed to an asylum, and 4 female private patients and 11 curatory patients died, all deaths being from natural causes.

PAUPER PATIENTS.

The changes which occurred among the pauper patients are shown in the following tables :—

TABLE II.

Admitted during 1913—	M.	F.	Total.
By Intimation	17	18	35
By Transfer from Establishments	34	42	76
Total			111

TABLE III.

Removed during 1913—	M.	F.	Total.
Died	22	34	56
Recovered	7	5	12
Removed from Roll	6	4	10
Removed to Asylum or Poorhouse	38	48	86
Total			164

These figures show a decrease in the number resident in the districts under review of 53.

This considerable decrease in the number of patients resident in private dwellings has been due to a combination of causes, namely, a slight increase in the death-rate, mainly from senile decay ; a decrease of 10 in the number boarded out from establishments, and a decrease of 18 of new cases intimated to the Board and left in the care of their relatives as compared with the numbers for the year 1912. The principal cause, however, of the fall in numbers in the districts covered by this report, was the unusually large number of removals from private dwellings to establishments (86) either on account of exacerbation of mental disorder or bodily illness, or illness or death among the guardians. There is fortunately no lack of good homes and excellent guardians willing to receive patients, and with an increased output of suitable patients from asylums to private dwellings the unavoidable removals to establishments could be more than compensated for, to the great gain of all concerned.

DEATHS.

During the year 22 male pauper and 34 female pauper patients died, giving a death-rate, calculated upon the number visited during the year, of 3·70 per cent.

The certified principal causes of death were as shown hereunder :—

	M.	F.	Total.
1. Diseases of the Nervous System—			
(*a*) Cerebral Softening	—	1	1
(*b*) Epilepsy and Convulsions	2	1	3
(*c*) Hemiplegia, Apoplexy, &c.	2	4	6
2. Diseases of the Respiratory System—			
(*a*) Bronchitis, Bronchial Asthma, &c.	1	2	3
(*b*) Pneumonia and Bronchial Pneumonia	1	1	2
3. Diseases of the Heart—	4	7	11
4. Diseases of the Digestive System—			
(*a*) Diarrhœa	—	1	1
(*b*) Intestinal Obstruction	—	1	1
5. Diseases of the Urinary System—			
(*a*) Chronic Nephritis	—	1	1
6. General Diseases—			
(*a*) Malignant disease	1	1	2
(*b*) Pulmonary Tuberculosis	1	—	1
(*c*) Other forms of Tuberculosis	3	1	4
(*d*) Diabetes	1	—	1
(*e*) Pernicious Anæmia	—	1	1
(*f*) Measles	1	—	1
(*g*) Ulcer of Throat	1	—	1
(*h*) Suppurating Goitre	—	1	1
(*i*) Acute, Non-Tuberculous, Peritonitis	1	—	1
(*j*) Exhaustion following exposure	1	1	2
(*k*) Senile decay	2	10	12
Total	22	34	56

Two of these cases, namely, the two patients who died from exposure, call for special remark. One, a male imbecile patient, aged 48, residing with and since 1889 under the charge of his sister in the parish of Stornoway, wandered from home on 7th January. His body was found on the moor in Barvas parish on the 10th of January, and death is supposed to have ensued on the 7th or 8th from exposure and cold. The patient had always been permitted to move freely about the township, where he was known and liked. In his youth he was subject to epileptic attacks, and it is possible that he may have fallen in a fit and subsequently have been overcome by the cold.

The second case is that of a female patient, residing also with relatives, in the parish of Lochbroom. For long she had been in the habit of fetching the peats for household use from the moor, but on the 7th of January she failed to return, and no trace of her body has even yet been found. The circumstances were enquired into by the Procurator-Fiscal, who concluded that she "had lost her way in the mist and wandered among the hills until, overtaken by exhaustion and exposure, she fell down and died." In neither case were there any grounds for attributing either lax or exigent guardianship to their relatives.

All the remaining deaths were due to natural causes. The advanced age at death is of interest. Thus only 5 were of 30 years of age or under; 5 were between 31 and 40 years; 6 between 41 and 50; 10 between 51 and 60; 14 between 61 and 70; 10 between 71 and 80; and 6 between 81 and 90 years of age. The average age for men was 53 years and 4 months, and for women 62 years and 9 months, whilst the average age for both sexes at death was 59 years. With a class of patients so advanced in age the causes of death were multiple in most individual cases, the officially returned "principal cause" being merely the final determining factor, and in more than a half of the whole number senile decay played a larger rôle than the local ailment which precipitated dissolution.

Recoveries.

During the year 12 (*i.e.* 7 male and 5 female) boarded-out patients recovered, giving a recovery rate of 10·81 per cent., calculated on the total admissions.

The duration of mental illness in those discharged or recovered ranged from 3 to 25 years in the case of the male, and from 1 to 10 years in the case of the female patients; whilst the period passed in private dwellings prior to discharge ranged from 6 months to 13 years in the case of the male, and from 6 months to 7 years in the case of the female patients.

The average duration of disorder for males was 8 years, and for females 5 years, and the average period passed in private dwellings was, for males and also for females, 4½ years.

Considering the class of patient selected for boarding-out, and remembering that these figures do not include recoveries occurring among patients liberated on probation from asylums, the results cannot be considered otherwise than satisfactory.

Further, the notable improvement, falling short of recovery, which has taken place under domestic influences in a large proportion of boarded-out cases should be mentioned. Among many of the cases boarded-out from asylums under the care of selected guardians, as distinguished from cases admitted to the Roll and left in the care of their own relatives, the improvement has been noteworthy, affecting their temper, habits, and usefulness, and constituting a true re-education. Comparatively useless on first discharge from the asylum, they have become valued members of the households in which they have been placed.

Removals to Establishments.

During the year 86 patients were removed from private dwellings and specially licensed houses to establishments. The conditions and occurrences which necessitated their removal are shown in the following table.

	M.	F.	Total.
1. Beyond control; threatening or excited; or no longer suitable for care in a private dwelling	21	26	47
2. On account of bodily infirmity	1	6	7
3. Requiring hospital treatment	7	9	16
4. Because of illness, removal, or death of guardian	7	7	14
5. On account of faulty guardianship	1	—	1
6. For educative purposes	1	—	1
Total	37	49	86

Removals From Roll.

During the year 6 male and 4 female patients were removed from the Roll. One male and 1 female patient were handed over to the care of their relatives on their undertaking the patients' care and maintenance; while 5 male and 2 female patients ceased to be chargeable by escape and evasion of capture beyond the statutory period. In none of these cases were there reasons for fearing risk either to the patients or to the public safety. Speaking generally, the patients who escape and have wit enough to evade capture beyond the statutory term, are patients with whom there is little amiss mentally, or whose recovery is awaiting official confirmation.

One remaining case was removed from the Roll by withdrawal of the Board's sanction.

Guardianship.

I am again able to report very favourably upon the care and attention given by the guardians in general to their charges. As before, the patients in specially licensed houses or in single care with unrelated guardians, were found well-clad, obviously well-fed, with good sleeping accommodation, and comfortably housed in sanitary dwellings. As on former occasions, the condition of patients living in the charge of their own relatives were found to be decidedly inferior, as regards housing, clothing, general comfort, and even bodily nourishment, to that of patients in specially licensed houses. This was most marked in some of the parishes of the Western Isles, where, on account of their slender resources, the relief of their lunatic and other poor has for long been a heavy burden on the ratepayers and a difficult and anxious matter for the parochial authorities. In these parishes, however, and throughout the highlands and islands generally, the lunatic dependants are treated with particular kindness and affection by the relatives and neighbours, and are as a rule in no worse plight than the sane members of their families. The relief afforded by the financial provisions of the Mental Deficiency and Lunacy (Scotland) Act of 1913 will doubtless result in amelioration of the condition of the lunatic poor in these and similarly situated parishes.

During the year no case of pregnancy or other sexual accident had to be recorded among the patients visited; no major casualty occurred; and, with the exception of a few cases of influenza, there was no case of zymotic disease.

SIXTY-SEVENTH REPORT OF THE COMMISSIONERS.

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MENTAL DEFICIENCY AND LUNACY (SCOTLAND) ACT, 1913, ch. 38.

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OF THE

GENERAL BOARD OF COMMISSIONERS IN LUNACY FOR SCOTLAND.

Presented to Parliament by Command of His Majesty.

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